MINISTRY OF HEALTH
DAILY/WEEKLY PARISH SHELTER SUMMARY REPORT E.O.C.

Shelter Report: 2

From: _____ Page _____of_____

Daily/Week number: _____(ending_____/_____/_____) Date: _____

Surveillance Data | Disease | Shelter

Shelter

#	Name	Patients/ Residents
Shelter 1		
Shelter 2		
Shelter 3		
Shelter 4		
Shelter 5		
Shelter 6		

	1	2	3	4	5	6
1. Fever and Rash						
<5 yrs..						
5 yrs.						
2. Fever						
<5 yrs.						
5 yrs.						
3. Gastroenteritis						
<5 yrs.						
5 yrs.						
4. Accidents *(Unintentional injuries)*						
< 5 yrs.						
5 yrs.						
5. Violence *(Intentional)*						
< 5 yrs.						
5 yrs.						
6. Respiratory Illness						
Upper						
< 5 yrs.						
5 yrs.						
Lower						
< 5 yrs.						
5 yrs.						
Asthma						
< 5 yrs.						
5 yrs.						
7. Skin Rashes						
8.Conjunctivitis						
9. Other (specify)						

NB. Insert name of shelter and assigned shelter number to the left. In the table insert at the top (first row) the assigned shelter numbers. Use additional forms if there are more than 6 shelters.

Person completing report: ----------(print) MO(H) signature: ----------

MOH Comments: _____

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