

**Operation Clearwater Illness Tracking Sheet for Summer 2011**

Date of Illness \_\_\_\_\_

Date and time of contact with water \_\_\_\_\_

Location of contact with water (*try to be as specific as possible*) \_\_\_\_\_

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Please circle all symptoms:

Diarrhea      Cramping      Vomiting      Infection of an open cut      Ear Infection

Other symptoms?

Was a doctor seen?    YES    NO

Treatment \_\_\_\_\_

Age of sick individual \_\_\_\_\_      Gender of sick individual:      Male      Female

Please return forms to Sally Hornor, Environmental Center, 101 College Parkway, Arnold MD 21012 or email to [sghornor@acc.edu](mailto:sghornor@acc.edu)

Optional: Provide name and contact information if you would like:

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