**Meldeformular für gehäuftes Auftreten von Erkrankungen in Gemeinschaftseinrichtungen**

Meldende Einrichtung:       Meldung am:       Meldender:

Erkrankung:

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| Name | Vorname | Geb.Datum | Straße | Ort | Erkrankungsbeginn/-ende | Symptome | Ergebnis Stuhlprobe |
|       |       |       |       |       |       |       |       |       |
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Symptome: 1=Durchfall, 2=Erbrechen, 3=Übelkeit, 4=Fieber

**Maßnahmen:**

Desinfektionsmittel umgestellt auf viruzid [ ]  Ja [ ]  Nein, welches Desinfektionsmittel

Aushang in der Einrichtung erfolgt? [ ]  Ja [ ]  Nein

Desinfektion der Türgriffe und Handläufe [ ]  Ja [ ]  Nein

Putzdienst informiert? [ ]  Ja [ ]  Nein