

Health Conditions

Number of People	Identifier (HMIS)	Approx. Location of Sick Persons	Description of Symptoms	Report Type	Action Steps
Example: 2 people		Red tent next to stream, north end	Vomiting, Bloody Diarrhea- 5 days	<input type="checkbox"/> Self-Reported Symptoms <input type="checkbox"/> Self-Reported Diagnosis, Describe: () <input type="checkbox"/> Observation <input type="checkbox"/> Third-Party Reported	<input type="checkbox"/> Give health care center information <input type="checkbox"/> Report to public health <input type="checkbox"/> Coordinate transportation to clinic <input type="checkbox"/> Provide water, hand sanitizer, etc.
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