

INFLUENZA-LIKE ILLNESS CASE LOG

Reporting Facility: _____ Contact Name/Phone Number: _____

Street Address: _____ Outbreak Identification Number: _____

Staff Code		(F = Food service) (H = Housekeeping) (P = Patient Care) (M = Maintenance) (A = Administration)																						
Staff Demographics			Staff Duties	Onset	Signs and Symptoms										Illness Outcome									
Name	Age	Gender	Wing	Staff Duties (Use Code Above)	Date of Onset	Fever (Temp. over 100.4 F / 38 C)	Feverish, No Temperature Taken	Cough	Sore Throat	Headache	Seizures	Nasal Congestion	Runny Nose	Shortness of Breath	Muscle Aches	Malaise	Nausea / Vomiting	Visited ER / Hospitalized (H)	Days Hospitalized	Died	Duration of Illness in Hours	Specimen Collected / Result		
Last, First	Years	(M/F)		MM/DD/YYYY	(Y - Yes; N - No; U- Unknown)															Hours	Y/N P/N			



Estimated number of exposed staff during outbreak

PLEASE FAX TO EPIDEMIOLOGY PROGRAM UPON COMPLETION 941-624-7277

INFLUENZA-LIKE ILLNESS CASE LOG

Reporting Facility: _____ **Contact Name/Phone Number:** _____

Street Address: _____ **Outbreak Identification Number** _____

Patient Demographics			Resident Location		Onset	Signs and Symptoms										Illness Outcome								
Name	Age	Gender	Resident's Wing	Resident's Room #	Date of Onset	Fever (Temp. over 100.4 F / 38 C)	Feverish, No Temperature Taken	Cough	Sore Throat	Headache	Seizures	Nasal Congestion	Runny Nose	Shortness of Breath	Muscle Aches	Malaise	Nausea / Vomiting	Visited ER / Hospitalized (H)	Days Hospitalized	Died	Duration of Illness in Hours	Specimen Collected / Result		
Last, First	Years	(M/F)		RM #	M/DD/YY	(Y - Yes; N - No; U - Unknown)															Hours	Y/N P/N		



Estimated number of exposed patients during outbreak

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