

## DAILY AGGREGATE INFLUENZA-LIKE ILLNESS (ILI) REPORTING FORM FOR SCHOOLS

Schools should use this form (or modify it to fit the needs of the facility) for tracking of influenza-like illness.

**Date form completed:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Total School Enrollment** \_\_\_\_\_ **Total Staff Number** \_\_\_\_\_

Enter appropriate numbers in boxes below and please fax to (970) 304-6412 Or email to [jpeden@co.weld.co.us](mailto:jpeden@co.weld.co.us)

GRADE LEVEL OR CLASSROOM	STAFF ILI CALLED IN SICK	STAFF ILI SENT HOME SICK	TOTAL ABSENT STAFF	CHILD ILI CALLED IN SICK	CHILD ILI SENT HOME SICK	TOTAL ABSENT CHILDREN
<b>Total</b>						

• ILI is defined as fever (100 degrees F or 37.8 degrees C or higher) and cough or sore throat. (<http://www.cdc.gov/h1n1flu/surveillanceqa.htm>)