# INFLUENZA-LIKE ILLNESS (ILI) OUTBREAK SURVEILLANCE FORM FOR SCHOOL

Schools and Child Care Facilities 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 #: _____**

**Enter appropriate numbers in boxes below where available and please fax to (970) 304-6412 Or email to jpeden@co.weld.co.us**

| NAME OR SCHOOL ID# | AGE | SEX | CHILD OR STAFF | GRADE OR CLASSROOM | SYMPTOM START DATE | SYMPTOMS * | | | | | | | | | | CALLED IN SICK | SENT HOME SICK | REPEAT ABSENCE? |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | F | D | V | C | H | S | A | T | R | O | | | |
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*** Symptoms:**

**F** = Fever **(provide temperature)**
**D** = Diarrhea
**V** = Vomiting
**O** = Other **(please list)**
**C** = Cough
**H** = Headache
**S** = Sore throat
**A** = Muscle aches or body aches
**T =** Tiredness/fatigue
**R** = Runny nose