

## WEEKLY 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 where available and please fax to (970) 304-6412 Or email to [jpeden@co.weld.co.us](mailto:jpeden@co.weld.co.us)

DAY OF THE WEEK AND DATE	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
Monday Date:						
Tuesday Date:						
Wednesday Date:						
Thursday Date:						
Friday Date:						
Weekly Totals	*	*		*	*	*

- 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>)