RESPIRATORY ILLNESS – CLIENT TRACKING LOG

(Clients with new or worse cough in an outbreak)

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RESIDENCE NAME:	DATE OF OUTBREAK:
FORM COMPLETED BY:	RETURN TO NORMAL CONDITIONS:
AREAS:	

Name of Client	Suite #	New Or Worse Cough	Fever	Sore Throat	Joint Pain Or Muscle Ache	Extreme Fatigue	Runny Nose	Other Symptoms Please Specify or put NONE for no other	On	First set otoms	Date o	of Last	Date Influ Medic Star	enza cation	Dat Reco	e of very	Da Resi Admit Hos	dent tted to	Dat	dent te of ath
(Surname, Initial)		Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Sx	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM	DD	MM