STAFF RESPIRATORY ILLNESS TRACKING LOG

RESIDENCE NAME:	**DATE OF OUTBREAK:**
NUMBER OF STAFF:	**RETURN TO NORMAL CONDITIONS:**
AREAS:	

Name of Staff Member (Surname, Initial)	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 Sx	Date First Onset Symptoms		Date of Last Flu Vacc'n		Date Anti-Influenza Medication Started		Date Returned to Work at Residence		Does S/He Work At Other Residence/ Facility?
	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N		DD	MM	DD	MM	DD	MM			