

Tool 28: Staff Illness Report and Tracking Form

STAFF RESPIRATORY ILLNESS REPORT

Update Daily for all viral Respiratory Illness Outbreaks

For new outbreaks or confirmed Influenza and COVID-19 Outbreaks, send daily to Public Health via [Cerberus](#)

FACILITY NAME:		NEIGHBOURHOOD, FLOOR, OR OTHER AREA AFFECTED:										DATE PUBLIC HEALTH CONTACT NOTIFIED:										
		Name:					Total # of staff:															
TELEPHONE (DIRECT TO CONTACT PERSON):		AFTER HOURS TELEPHONE NUMBER (DIRECT TO CONTACT PERSON):										TIME PUBLIC HEALTH CONTACT NOTIFIED:										
FACILITY FAX NUMBER		EMAIL OF FACILITY CONTACT PERSON:																				
FORM COMPLETED BY:		DATE OF FIRST REPORT:			DATE OF UPDATE 4:			DATE OF UPDATE 8:			DATE OUTBREAK DECLARED:											
ROLE:		DATE OF UPDATE 1:			DATE OF UPDATE 5:			DATE OF UPDATE 9:														
		DATE OF UPDATE 2:			DATE OF UPDATE 6:			DATE OF UPDATE 10:			DATE OUTBREAK DECLARED OVER:											
		DATE OF UPDATE 3:			DATE OF UPDATE 7:			DATE OF UPDATE 11:														
Name of Staff Member (Last Name, First Name)	Care Card Number (PHN)	Sex (M/F)	Age	New or Worse Cough (Y/N)	Fever (Y/N)	Sore Throat, Joint Pain, OR Muscle Ache, Extreme Fatigue (Y/N)	Diarrhea (Y/N)	Other gastro-intestinal (e.g., nausea, vomiting) (Y/N)	Date Onset of First Symptom		Date Swab Test Taken		Swab Test Result: Negative OR Name of Virus Found	Date of Last Influenza Vacc'n		FOR COVID ONLY: Recovered (see definition below*) (Y/N)	Date Last Worked At Facility		Date Returned To Work At Facility		Does Staff Member Work At Another Facility? (Y/N)	
									MM	DD	MM	DD		MM	DD		MM	DD	MM	DD		MM

* Recovered is defined as 10 days from symptom onset or until symptoms are resolved, which ever takes longer