

Pandemic Influenza School Surveillance and Reporting _____ School

Student Name: _____
Grade: _____ Birth Date: _____
Date Form Completed _____ Contact Phone Number _____

A student with influenza-like illness symptoms must be evaluated for fever. If a student/staff member has a temperature of 100.0F or greater and is experiencing influenza-like illness symptoms like the ones described below, he/she should be excluded from school until free of symptoms. These symptoms usually start suddenly and may include the following:

____ Fever (usually high) it was _____ degrees

____ Headache

____ Tiredness (can be extreme)

____ Cough

____ Sore throat

____ Runny or stuffy nose

____ Body Aches

____ Diarrhea and vomiting

____ Parents were notified and child sent home

____ Parents called in child ill with above symptoms

_____ Date of first symptoms

Below to be completed by Health Dept. employee

Names and birth dates of other ill family members

Medication

Physician
