Surveillance Form during Disease Activity

Student Name_______________________ Date _________  Time___________

Person Calling In Absence:  ☐ Mom
☐ Dad
☐ Grandparent
☐ Other: __________________________

Standard Influenza Tracking Collected with Absences (recent onset of illness and two of the following symptoms)

☐ Fever > or = 100.4 degrees
☐ Sore Throat (not Strep)
☐ Cough
☐ Stuffy or runny nose

Contact or testing information

☐ Tested for ______ (suspected case)
☐ Known test results of probable or confirmed
☐ Contact within 6 feet of a probable or confirmed case
☐ Influenza A and B
☐ Other: __________________________________________________

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