

INFLUENZA-LIKE-ILLNESS OUTBREAK LINE LIST (STAFF)

Complete and fax daily to [Infection Prevention and Control](#)

Facility Name: _____ Unit: _____ Telephone: _____

Contact Person: _____ Telephone: _____

DEMOGRAPHICS			SIGNS & SYMPTOMS		ACUTE SUDDEN ONSET CLINICAL SYMPTOMS (✓tick all applicable)						Primary Assignment & Notes
INITIALS	POSITION (e.g., RN, RCA)	DATE OF LAST SHIFT	Onset Date	Date of last S&S	Fever	Cough	Headache	Sore Throat	Sore Muscles/ Joints	Extreme Fatigue	

Note: Staff with influenza-like illness must remain off work for 5 days after symptoms onset, or until acute symptoms resolve, whichever is longer