

## ILLNESS SURVEILLANCE FORM

Facility Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Director: \_\_\_\_\_

Name	Gender	Age	Class/ Group	Onset Date/ Time	Symptoms*	Symptom Duration (Hours)	Treatment/ Action†	Hospital- ized?	Date and Time Returned to Care
					<input type="checkbox"/> D <input type="checkbox"/> V <input type="checkbox"/> A <input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> H <input type="checkbox"/> C <input type="checkbox"/> M <input type="checkbox"/> Fever: _____ °F <input type="checkbox"/> Coughing <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Other/Details: _____				
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\*Symptoms:    **D** = Diarrhea                      **V** = Vomiting                      **A** = Abdominal Cramps                      **N** = Nausea                      **R** = Rash  
                     **H** = Headache                              **C** = Chills                                      **M** = Muscle Aches                      **F** = Fever (provide temperature)                      **O** = Other (List details)

† Treatment/Action: Enter specific treatment or action provided (not allowed to attend, first aid, administered medication, sent home, sent back to group care, excluded for 48 hours, isolated, quarantined, etc.)

Ill child logs will need to be maintained by your facility for **2 months** prior. If you see an increase in incidences of vomiting and diarrhea or suspect COVID-19, it is very important that you contact Tri-County Health Department to go over measures to help prevent it from spreading further.

