ILLNESS/INFECTION REPORT FOR COBB/DOUGLAS PUBLIC HEALTH

Phone: 770-514-2432 Fax: 770-514-2313

FOR STAFF REPORTING

Facility Name: _____ Date: _____

Shift	Staff	Age/Sex	Symptoms*, F/N/V/D/C/ST Other (specify)	Start date	End date	Hospitalized? Y/N	Other
EX 3-11	Herrera, Leticia	29/F	F-101/C x 2 days	06/01/99	continues	Y-Hospital XYZ	Chest x-ray 6/2
EX 11-7	Washington, Shawna	19/F	N/D x 2 days	06/01/99	6/3/99	N	Resolved

Influenza-like illness (ILI): Fever >100°F AND non-productive cough or sore throat, in absence of known cause

Gastrointestinal illness: 3 or more loose stools and/or vomiting ***within a 24-hour time period***

*Legend: F=Fever N=Nausea V=Vomiting D=Diarrhea C=Cough ST=Sore throat