

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 ant two of the following symptoms)

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

Contact and 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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