Facility: **Date:** **Line List for Influenza-like Illness - STAFF**

Staff Code **(F - Food service) (H - Housekeeping) (P - Patient Care) (M - Maintenance) (A - Administration)**

Identification				Staff Duties	Onset	Signs and Symptoms											Illness Outcome				
Name	DOB	Age	Gender	Staff Duties (Use Code Above)	Date of Onset	Fever	Chills	Cough	Sore throat	Headache	Malaise/fatigue	Muscle aches	Nausea	Vomiting	Diarrhea	Influenza vaccine	Antiviral medication	Seen a clinician	Visited ER	Died	Days Hospitalized	Duration of Illness in Hours
Last, First	MM/DD/YYYY	Years	(M/F)		MM/DD/YYYY																Days	Hours