

Respiratory Illness (RI) Surveillance Tool

Choose one: Patient / Resident _____
Staff _____

Facility:	Facility phone #:	Facility fax #:
Outbreak location:	# of beds in outbreak location:	Total # of staff in outbreak location:
Reporting Contact:	Contact phone #:	
# Patient / Resident immunized:	# Staff immunized:	Antiviral start date:

Date of Illness Onset (d/m/yyyy)	Date of Illness Recovered (d/m/yyyy)	Name (Last, First)	Room/ Location	Specimen obtained (d/m/yyyy)	Specimen Results	Cough	Fever	Headache	Fatigue	Sore Throat	Muscle Pain	Runny Nose	Flu Vaccine (d/m/yyyy)	Case (Y/N)	Additional Information
26-Mar-14		Doe, John	21	27-Mar-2014		✓	37.9	✓	✓	✓			02-Nov-2013	Y	in bed