Appendix B – Staff Line Listing for Influenza-Like Illness

Date: _____ Site/Facility/Department/Unit: _____ Phone Number: _____

Full Name	D.O.B D/M/Y	Sex	Discipline	Date of Onset	Symptoms and Frequency	Duration	Date Last Worked	Date Returned	Date Spec. Collected	Result	Comment (e.g. work elsewhere)

Code for Symptoms
F - Fever
C - Cough
MA - Muscle Aches
JP - Joint Pain
ST - Sore Throat
Anything else, specify exact symptom