Illness register

Regional Public Health
HAUORA Ā IWI KI TE ŪPOKO O TE IKA A MĀUI
Better health for the greater Wellington region

NAME OF SERVICE:

NUMBER OF ENROLLED CHILDREN:

NUMBER OF STAFF:

Name	Date of birth	Male (M) Female (F)	Date of first symptoms	Date children returned	Symptoms e.g. fever, diarrhoea, vomiting abdominal pains	Action taken i.e. sent home at 1.20pm