

Illness log for facility and Regional Public Health

Name of Facility _____ Date _____ Page Number ___ of ___

Case details						Symptoms						Diagnosis/Treatment			
	Name & NHI#	Sex	DOB & Age	Area of work or residence e.g. unit/ward*	Staff or Resident	Fever (temp if known)	Cough (Y/N?)	Sore throat (Y/N?)	Other symptoms (please specify)	Date became unwell	Date symptoms stopped	Other known medical problems	Flu vaccine in past year? (date if known)	Swab taken? date & result	Antivirals given? e.g. Tamiflu
1															
2															
3															
4															
5															
6															
7															
8															

Please fax this log DAILY to Regional Public Health on (04) 570 9211, Attention: Outbreak Coordinator

Notes for Completion:

NHI = National Health Index code (may not be known in all cases/facilities)

* = Area of the facility that the patient resides in or staff member works in (please include any other workplaces the staff member may work)