**Notification Form**

**Suspected Flu Case at Work**

**Details of Affected Staff**

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| **Employee Name:**  | **Work Location:** | **Location of Quarantine (if applicable):**  |
| **Job Title:**  | **Date of Birth:** |
|  **Employee Address:**  |
| **Telephone Numbers:****(Work):**  | **(Cell):** | **(Home):** |
| ***Symptoms observed or shared by employee (mark an “X” next to each that applies)*** |  |
| **Fever:**  | **Body Aches:** |  |  |
| **Dry Cough:** | **Fatigue or Weakness:** |  |  |
| **Shortness of Breath:** | **Other (please add notes):** |  |  |
|  **Headache:**  |  |  |  |
| **Cold:** |  |  |  |
|  **Time/date of fever on-set (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  **Time/date of quarantine start (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Travel history over the past 14 days****Countries visited: Flights taken:**  |
| **Where was the individual seen, if known? (name & location of doctor/medical center/hospital)** |
| **Contact List: who has this person had direct contact with at your location?***Direct contact examples = shook hands, other physical contact, within 3ft. for a duration of time, coughing or sneezing within 6ft. of others for a duration of time* |
| **1.**  | **6.** | **11.** |
| **2.**  | **7.** | **12.** |
| **3.**  | **8.** | **13.** |
| **4.** | **9.** | **14.** |
| **5.** | **10.** | **15.** |