**Notification Form**

**Suspected Flu Case at Work**

**Details of Affected Staff**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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.** | | |