

EMPLOYEE INFLUENZA LIKE ILLNESS REPORT FORM

Complete form for absence from work and send to
Employee Health

Employee: _____ Date(s): _____

Department: _____ Job Title: _____

Check the signs and symptoms present during illness.

Signs and Symptoms	Yes	No	Comments
Temp 100° F or greater			
Sore Throat			
Cough			

Did you consult a physician? Yes No

What was the diagnosis? _____

Other symptoms describe: _____

Supervisor or Department Manager: _____

From CDC:

Stay home when sick:

Those with flu-like illness should stay home for at least 24 hours after they no longer have a fever, or signs of a fever, without the use of fever-reducing medicines. They should stay home even if they are using antiviral drugs.