

Date (dd-Mon-yyyy) _____

Facility Name/ Address				Municipality			Contact Person		Telephone	
Any newly symptomatic individuals reported? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, proceed to line list below)				Total # of Students/Children		Total # of Staff	Type of Outbreak <input type="checkbox"/> GI <input type="checkbox"/> ILI <input type="checkbox"/> VLI <input type="checkbox"/> RI <input type="checkbox"/> Other _____		EI # or Zone# (if applicable)	
Indicate (C) Child/Student or (S) Staff	Last Name, First Name	Guardian Name / Telephone #	DOB (dd-Mon-yyyy)	PHN/ULI	Room Name / Grade	Action Taken (e.g., child sent home)	Onset of Illness (dd-Mon-yyyy)	Symptom Code (see below)	Comments	
Total # of Students/Children Newly Symptomatic						Total # of Staff Newly Symptomatic				

Symptoms Codes: V=Vomiting D=Diarrhea N=Nausea F=Fever H=Headache A=Abdominal Pain M=Muscle/Joint Pain C=Cough R=Rash O=Other
ST=Sore Throat **SOB**=Shortness of breath **LTS**=Loss of taste/smell **NC**=Nasal congestion- not related to other conditions such as seasonal allergies or cold weather
F= Fatigue- significant and usual **SE**=Severe exhaustion

Alberta Health Services collects health information in accordance with Section 20 of the Health Information Act (HIA) for the purpose of providing health services, determining eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this collection, please ask your health care provider.