## Assessing Patients/Residents for Influenza-like Illness (ILI)

### Routine contacts for positive assessment

- IPC
- WHS
- Other
- Other

### Facility/Unit:
- Unit Manager:

### Time/Date (dd-mon-yyyy):

- All clients assessed at least daily including temp
- No new cases during this round
- This report contains newly symptomatic cases

### Demographic Information

- Patient Identifier
- Room and Bed #

### Signs and Symptoms

#### Check all that apply

- New Cough or change in cough
- Fever
- Sore throat
- Muscle/Joint ache
- Severe exhaustion
- Shortness of Breath
- Other: headache, conjunctivitis, runny nose, diarrhea, nausea

#### NP Swab?

- Yes / No

#### On Contact and Droplet Precautions?

- Yes / No

#### Start Date

- Date

#### End Date

- Result

#### Start Date

- Date

#### End date

- Result

#### Start Date

- Date

#### End date

- Result

#### Start Date

- Date

#### End date

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