INFLUENZA-LIKE ILLNESS OUTBREAK SURVEILLANCE FORM FOR CAMP SETTINGS

Camps should use this form (or modify it to fit the needs of the camp) for tracking purposes if an outbreak of influenza-like illness is suspected or occurring.

Date form completed: _____

Camp Name: _____ Contact Person: _____ Phone #: _____

NAME	AGE	SEX	CAMPER OR STAFF	UNIT/ TENT/ DORM	SYMPTOM ONSET DATE	SYMPTOMS *	INFLUENZA TEST RESULT	TREATMENT/ACTION †

*** Symptoms:**

F = Fever (provide temperature)
C = Cough
A = Muscle aches or body aches
D = Diarrhea
H = Headache
T = Tiredness/fatigue
V = Vomiting
S = Sore throat
R = Runny nose
O = Other (please list)

† Treatment/Action: Please note the specific treatment provided (fluids, medication, etc.), and whether the ill individual was sent home, sent back to unit, sent to hospital or other health care setting, etc.