

Flu-Like Illness Form

This form is for supervisors or staff to fill out when there is a report of flu-like symptoms or an absence due to flu-like symptoms. Please complete the form with as much detail as possible and return to your supervisor or the Human Resources Specialist/Benefits within 24 hours of absence.

Name of Employee _____

Work Location _____

Date Absence First Reported _____

Symptoms

Date last worked prior to absence due to flu-like symptoms _____

For ES Staff, please list known individuals employee worked with on last date worked

Name of supervisor submitting form _____

The establishment of this form is in response to current concerns about the H1N1 virus. The Human Resources Department will closely monitor pertinent information to determine the duration of the use of this form. Once the use of this form is determined to no longer be needed, we will return to former practice of not relying on this form. Our policy is to treat any medical information disclosed, such as contracting the H1N1 virus, as a confidential medical record.

Flu-Like Illness Form for Individuals Served

This form is to be filled out for all individuals receiving services who display flu-like symptoms. This form is to be completed as soon as symptoms are noticed. Once the form is completed, it must be turned into the Human Resources Benefits Specialist at the Iowa City office, within 24-hours.

Name of Individual with flu-like symptoms _____

Home address of Individual _____

Date symptoms noticed _____

Symptoms present

Temperature of individual _____

Date and time temperature taken _____

Follow-up needed

Activities individual attended in previous 24-hours (ES, Goodwill, lunch bunch) _____

Name of employee completing form _____

Date form completed _____

Date form received by Human Resources _____