

# ILLNESS/INFECTION REPORT FOR COBB/DOUGLAS PUBLIC HEALTH

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## FOR RESIDENT REPORTING

Facility Name: \_\_\_\_\_

Date: \_\_\_\_\_

Room #	Resident	Age/Sex	Symptoms*, F/N/V/D/C/ST Other (specify)	Start date	End date	Hospitalized? Y/N	Other
Example	Smith, John	83/M	F-101/Vx2/Dx3	06/01/99	06/03/99	N	Recovered
Example	Jones, Jenny	79/F	F-103/Cx3/Pneumonia	06/01/99	continues	Y-Hospital XYZ	Chest x-ray 6/2

**Influenza-like illness (ILI):** Fever >100°F AND non-productive cough or sore throat, in absence of known cause  
**Gastrointestinal illness:** 3 or more loose stools and/or vomiting within a 24-hour time period  
\*Legend: F=Fever    N=Nausea    V=Vomiting    D=Diarrhea    C=Cough    ST=Sore throat