

Individual Absence Reporting Form during H1N1 Disease Activity

Student Name _____ Date _____ Time _____

Person Calling In Absence: Mother/stepmother
 Father/Stepfather
 Grandparent
 Other: _____

Standard Influenza Tracking Collected with Absences (Recent onset of illness and at two of the following symptoms)

- Fever greater than 100* Fahrenheit
- Severe sore throat (not Strep throat)
- Respiratory issues
- Extreme tiredness
- Dry cough
- Stomach symptoms, such as nausea, vomiting, and diarrhea, also can occur
- Headache / Body aches
- Other

Contact with any health care provider and has been:

- Verification the child has had contact with a probable or confirmed case (within 6 feet)
- Tested for H1N1 virus (this is classified as a "suspected" case)
- Diagnosed as having H1N1
- Diagnosed with Influenza A or Influenza B
- Diagnosed with another condition: _____



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