CHILD CARE CENTRE

Page\_\_\_\_\_\_of \_\_\_\_\_\_



Page \_\_\_\_ of \_\_\_\_

Illness Tracking List

# Child list 🞏 Staff list 🞏 Name of Centre \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  |  | Symptoms | | | | | | | | | Exclusion | | Specimen Collection | |  |
| NAME | ONSET  DATE  **Y/M/D** | **Diarrhea** | **Vomiting** | **Fever** | **Cough** | **Sore Throat** | **Fatigue** | **Muscle Aches** | **Headache** | **Other** | **SENT HOME**  **Y/M/D** | **BACK**  **Y/M/D** | **Test Date**  **Y/M/D** | **Test Results** | COMMENTS |
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Outbreak Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Personal Information on this form is collected under the authority of the Health Protection and Promotion Act and applicable privacy legislation. This information will be used for delivery of public health programs and services and may be used for evaluation or statistical/research purposes. Any questions about the collection of this information should be directed to the MLHU