Influenza-like Illness (ILI) Screening Form (Last Updated 8-5-09)

Name: **Phone contacts:**

Job Title: **Work Location:**

If exposed to someone with the flu, complete numbers 1-3, otherwise skip to number 4.

1. Date(s) of exposure (list all; use back side if necessary): _____/_____/_____ _____/_____/_____
2. Describe contact with person(s) who have Influenza-like illness including travel exposure:

   ____

3. Was personal protective equipment (PPE) used? Yes☐ No☐

   If yes, list PPE used (e.g., gown, gloves, particulate respirator, surgical mask, eye protection, etc.):

   ____

4. Please screen yourself for any of the following influenza-like illness symptoms for the protection of yourself and your co-workers:

   - Fever (temperature ≥37.8°C[100°F])
   - Cough
   - Sore throat
   - Muscle and joint aches
   - Headache
   - Rapid onset of respiratory illness

   If ILI symptoms occur, wash your hands frequently, cover your cough, minimize your interactions with others, avoid public areas, stay home from work and notify your employer.

5. If exposed to or caring for an individual with influenza like illness, please check your temperature twice daily for 10 days (including 10 days after your last exposure).

Day 1	Day 2	Day 3	Day 4	Day 5
Date / /	Date / /	Date / /	Date / /	Date / /
AM temperature	AM temperature	AM temperature	AM temperature	AM temperature
PM temperature	PM temperature	PM temperature	PM temperature	PM temperature
ILI symptoms Yes ☐ No ☐	ILI symptoms Yes ☐ No ☐	ILI symptoms Yes ☐ No ☐	ILI symptoms Yes ☐ No ☐	ILI symptoms Yes ☐ No ☐

Day 6	Day 7	Day 8	Day 9	Day 10
Date / /	Date / /	Date / /	Date / /	Date / /
AM temperature	AM temperature	AM temperature	AM temperature	AM temperature
PM temperature	PM temperature	PM temperature	PM temperature	PM temperature
ILI symptoms Yes ☐ No ☐	ILI symptoms Yes ☐ No ☐	ILI symptoms Yes ☐ No ☐	ILI symptoms Yes ☐ No ☐	ILI symptoms Yes ☐ No ☐

This form was developed by the Alaska Department of Health and Social Services.