CHILD CARE CENTRE ROUTINE ILLNESS SURVEILLANCE FORM

Public Health & Emergency Services
410 Buller Street
Woodstock, Ontario N4S 4N2
Telephone 519-539-9800 or 1-800-755-0394 Fax: 519-539-6206

☐ children ☐ staff

Room:_____
Month: _____

NAME	AGE	ROOM/ AREA	SYMPTOMS																		DATE & TIME ONSET OF SYMPTOMS mm/dd/yy	RETURN DATE	COMMENTS
			diarrhea	bloody diarrhea	nausea	abdominal cramps	vomiting	headache	fever	runny nose	dry cough	productive cough	nasal congestion	chest congestion	sore throat	chills	loss of appetite	rash	stool sample	other:			

Child Care Centre Name: _____ Operator:_____

Address: _____ Phone #: _____ Fax #: _____