

Time: _____

On Antivirals _____



Employee Flu Screening Form

(Screener information Sheet)

Date: _____

Office Site: _____

Employee Name: _____

Current Temperature: _____

Symptoms of flu like illness: Yes () No () Date of Onset: _____

Fever of 100F or higher: Yes () Temperature _____; No ()

Cough? Yes () No ()

(Write in comments as needed) example: cough due to allergies)

Sore Throat? Yes () No ()

(Write in comments as needed) example: recent bronchoscopy, etc.)

Chills/Body Aches? Yes () No ()

Are there any family members sick at home? Yes () No ()

(Type of illness, duration, current status)

*Screener:

1. Send home if fever is higher than 100°F and there is a sore throat and/or cough.

Please advise employee to adhere to the following measures due to your symptomatic status:

- **Avoid close contact.**
- **Stay home when you are sick.**
- **Cover coughs and sneezes with tissues or by coughing into the inside of the elbow.**
- **Avoid touching your eyes, nose or mouth.**
- **Be sure to wash their hands frequently.**
- **Keep away from others and avoid other sick individuals.**

If antivirals advised obtain information below:

(When advised by Medical Director, see Sandra Jones)

DOB: _____

Allergies: _____

Current Temperature: _____

Pregnancy status: (if applicable) _____