



Notification Form for Suspect Influenza at Work

Details of Affected Staff - This information is for reporting purposes in cooperation with the Muskingum County Health Department. Names will not be reported.

Name:	Worksite:	Location of Isolation:
Job Title:	Nationality if Visitor to Site:	Date of Birth:
Address:		
Telephone No: _____ (W) _____ (H) _____ (M)		
<b>Symptoms Noticed:</b>		
Fever _____	Body aches _____	
Headache _____	Fatigue _____	
Dry Cough _____	Others _____	Details _____
Cold _____		
Time of fever on-set _____		
Time of isolation _____		
<b>Travel history over the past 8 days:</b>		
States/Countries visited _____		
Flights taken _____		
Where referred:		
<b>Please forward this form to Human Resources ZSC or Executive Administrative Assistant at OUZ.</b>		

Details of Reporter

Name:
Job Title:
Telephone No. _____ (W) _____ (H) _____ (M)