



DAILY Illness Surveillance Form - Institutional

101 Consumers Road, 2nd Floor, Whitby, ON, L1N 1C4
(905) 723-3818, 1-888-777-9613,
Fax (905) 666-1887

Staff

Resident

Facility: _____

SYMPTOMS

Month: _____

DATE	NAME	Room	SYMPTOMS													Specimen submitted	COMMENTS											
			diarrhea	bloody stool	nausea	abdominal cramps	vomiting	fever	headache	runny nose	dry cough	nasal congestion	sore throat	chills	muscle aches			malaise	poor appetite	pink eye	rash	other:						