Child Care Centre Routine Illness Surveillance Form

DURHAM REGION HEALTH DEPARTMENT

durham.ca/childcare

Durham Health Connection Line | 905-668-2020 or 1-800-841-2729

If you require this information in an accessible format, contact 905-668-2020 or 1-800-841-2729.

Room: _____

		Symptoms																	
Date	**Name**	diarrhea	bloody stool	nausea	abdominal cramps	vomiting	headache	fever	runny nose	dry cough	nasal congestion	sore throat	chills	muscle aches	malaise	poor appetite	other	**Return Date**	**Comments**

Child Care Centre Name: _____ Operator: _____

Address: _____ Phone #: _____ Fax #: _____