CHILD CARE CENTRE ROUTINE ILLNESS SURVEILLANCE FORM

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

Room: _____

			SYMPTOMS																					
DATE	**NAME**	**Room**	diarrhea	bloody stool	nausea	abdominal cramps	vomiting	fever	headache	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 #: _____