# Influenza-Like Illness (ILI) Monitoring Log

| Date: | Person Completing Form: | Phone: |
|---|---|---|
| School Name: | | School Type: ❑ Elementary ❑ Middle ❑ High ❑ Pre-K/Child Care |
| School District: | | School Category: ❑ Public School ❑ Private School ❑ Charter |

| **Student/Staff Information** | | | **Dates of Interest** | | **Signs/Symptoms** [check all that apply] | | | | **Testing & Diagnosis** | | | **Additional Information** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name [Student/Staff] | Grade | Room # | Date First Absent or Sent Home | Illness Onset Date (If Known) | **Fever ≥ 100º F** | **Cough** | **Sore Throat** | Other Symptoms | Healthcare Provider Visit (If Known) | Healthcare Provider Diagnosis (If Known) | Test Results (If Known) | Underlying medical conditions, etc. |
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**Influenza-like Illness (ILI) = fever > 100°F <u>and</u> cough or sore throat.** Outbreak = A minimum of 5, and at least 20%, of students in a classroom (or other epidemiologically-linked group) with onset of influenza-like illness (ILI) within a 7-day period.