Influenza-Like Illness Log For Home Care Agencies

Agency : _____ Tracking Period _____ to _____

ID #	Age	Sex		Date	Vaccine Status		Predisposing Factors							Date of Fever Onset	Days of Fever		Symptoms						Lab Results		Antibiotic	Pneumonia		Confirmed By Chest X-ray	Hospital-ized		No. Days in Hospital
		M	F		Influenza (Y/N)	Pneumococcal (Y/N)	COPD	Heart	Diabetes	Anemia	Renal Disease	Cancer	Steroids			Highest Temp	Cough	Rhinitis	Nasal Congestion	Sore Throat	Muscle Aches	Headache	Rapid Antigen (y/N)	Culture Result		Y	N		Y	N	

This form may be reproduced