

# Illness Log

Date & Time Identified	Check Appropriate Box		Person's Full Name	Classroom	Symptoms of illness or diagnosis, if known	<b>Actions Taken</b> (for example): <ul style="list-style-type: none"> <li>• Person sent home?</li> <li>• Persons' notified (director, parent, COVID-19 Call Center, 911, etc.)</li> <li>• Advised person to discuss with health care provider and seek COVID-19 testing</li> </ul>
	At home/absent	At center				
For example: 7/4/2020 1:45pm		X	For example: Ellie Belly - child	For example: Preschool room	For example: Fever of 100.9, runny nose, very tired/cranky	For example: Called parent. Child taken to office to await pick up. Asked parent to contact doctor and have child tested for COVID-19.
For example: 8/1/2020 7:00am	X		For example: Susie Que - staff	For example: Infant room	For example: Cough developed over weekend.	For example: Advised teacher to stay home and contact doctor to get tested for COVID-19.

Confidentiality of this Log is maintained

