

Annex D Sample health-care worker influenza-like illness monitoring form for workers exposed to patients with ARIs of potential concern

The sample form given below can be used to monitor ILI in workers exposed to patients with ARIs of potential concern.

Name: _____
 Home telephone number: _____
 Job title: _____
 Work location: _____
 Date/s of exposure (list all, use back of page if necessary): ____/____/____ ____/____/____
 Type of contact with patient with ARI of potential concern, with patient's environment, or with virus: _____

Was the following personal protective equipment (PPE) used:

| | Yes | No | Don't know |
|---------------------------|--------------------------|--------------------------|--------------------------|
| Gown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gloves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Particulate respirator | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medical mask | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Please specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

List any non-occupational exposures (e.g. exposure to anyone with severe acute febrile respiratory illness): _____

Please check your temperature twice a day, in the morning (AM) and evening (PM), for 10 days after providing care for a patient infected with an acute respiratory disease of potential concern (including 10 days after your last exposure), and also monitor yourself for any of the following influenza-like illness (ILI) symptoms including:

- fever > 38 °C
- cough
- acute onset of respiratory illness
- sore throat
- arthralgia
- myalgia or prostration
- gastrointestinal symptoms (e.g. diarrhoea, vomiting, abdominal pain)

If any symptoms of ILI occur, **immediately** limit your interactions with others, exclude yourself from public areas, and notify _____ at _____

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| Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Date ____/____/____ | Date ____/____/____ | Date ____/____/____ | Date ____/____/____ | Date ____/____/____ |
| AM temperature: _____ | AM temperature: _____ | AM temperature: _____ | AM temperature: _____ | AM temperature: _____ |
| PM temperature: _____ | PM temperature: _____ | PM temperature: _____ | PM temperature: _____ | PM temperature: _____ |
| ILI symptoms: No ___ Yes ___ | ILI symptoms: No ___ Yes ___ | ILI symptoms: No ___ Yes ___ | ILI symptoms: No ___ Yes ___ | ILI symptoms: No ___ Yes ___ |
| Day 6 | Day 7 | Day 8 | Day 9 | Day 10 |
| Date ____/____/____ | Date ____/____/____ | Date ____/____/____ | Date ____/____/____ | Date ____/____/____ |
| AM temperature: _____ | AM temperature: _____ | AM temperature: _____ | AM temperature: _____ | AM temperature: _____ |
| PM temperature: _____ | PM temperature: _____ | PM temperature: _____ | PM temperature: _____ | PM temperature: _____ |
| ILI symptoms: No ___ Yes ___ | ILI symptoms: No ___ Yes ___ | ILI symptoms: No ___ Yes ___ | ILI symptoms: No ___ Yes ___ | ILI symptoms: No ___ Yes ___ |