

**Willows Unified School District  
Department of Health Services**

**Influenza-Like Illness (ILI) Tracking Form**

Week of \_\_\_\_\_ School \_\_\_\_\_

Names included on this form represent:

Students Sent Home with ILI       Employees Sent Home with ILI

Please track influenza-like illnesses daily on this form. **Symptoms include temperature  $\geq 100^{\circ}$  F and cough or sore throat for which there is no known cause.** Insert the student's or employee's name and grade level affiliation. Check the symptoms that apply. For students, also enter the teacher's name. **Fax form on Friday to 933-7061.**

#	Student Name	Grade	Teacher	Fever	Cough	Sore Throat	Other Symptoms or Notations
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
#	Employee Name			Fever	Cough	Sore Throat	Other Symptoms or Notations
1							
2							
3							