DATE:
SUBMITTED BY:
NAME OF FACILITY:
ADDRESS:
OUTBREAK IDENTIFIER:

FAX TO: COMMUNICABLE DISEASES
BAY COUNTY HEALTH DEPARTMENT
FAX- 989-895-2083
PHONE- 989-895-4016

PLACE 'X' IF STAFF	NAME	ADDRESS	PHONE	DOB	DATE ILL	DATE RECOVERED	FEVER	COUGH	OTHER SYMPTOMS/NOTES

Symptom Key: 1 Fever, 2 Fatigue, 3 SOB, 4 Diarrhea, 5 Chills, 6 Chest tightnes, 7 N/V, 8 Sore Throat, 9 Nasel Congestion, 10 Loss of taste/smell, 11 Unknown