



Employee Health Infection Tracking Form

Part of our surveillance and prevention of infections at Cumberland Heights is through the tracking of employee infections. Our process for this is ***confidential***, meaning that any data you report will be put together with other data and reported as a whole by the Infection Control Coordinator to the Infection Control Committee. ***Please take the time to complete this form and return it to ATTN: Nita Chester, Infection Control Coordinator.*** Thank you.

Date(s) of illness: _____

Age: _____ ☐ Male ☐ Female

Department: _____

1. I have experienced the following symptom(s) - Check all that apply:

- ☐ Fever (100°F or greater)
- ☐ Nausea, Vomiting and/or Diarrhea for more than 3 days
- ☐ Open or draining wounds and/or rashes
- ☐ Flu-like symptoms (i.e., cough, congestion, body aches, chills and/or fever)

2. Did you seek medical advice? ☐ Yes ☐ No

3. If yes, were you prescribed any medication(s)? ☐ Yes ☐ No

CONFIDENTIAL DOCUMENT USED FOR DATA PURPOSES ONLY