

### Record of Infectious Outbreak: Upper Respiratory Tract Infections – Staff information

E-mail completed form to IPC Team – [REDACTED] (to mark boxes doubleclick and click on checked)

Unit:		Date IPCN informed:					
Tel:							
Staff member name	Onset of symptoms Date:	Symptoms	Specimen sent		Result Influenza	Due to return to work date:	
			Yes	No			
1			<input type="checkbox"/> Date sent:	<input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/> Other:		
2			<input type="checkbox"/> Date sent:	<input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/> Other:		
3			<input type="checkbox"/> Date sent:	<input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/> Other:		
4			<input type="checkbox"/> Date sent:	<input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/> Other:		
5			<input type="checkbox"/> Date sent:	<input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/> Other:		

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**ICPG1 SECTION 4 – COMMUNICABLE DISEASES AND OUTBREAK CONTROL**  
**Appendix 5 (October 2020)**

Unit:		Date IPCN informed:				
Tel:						
Staff member name	Onset of symptoms Date:	Symptoms	Specimen sent		Result	Due to return to work date:
			Yes	No	Influenza	
6			<input type="checkbox"/>	<input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/> Other:	
			Date sent:			
7			<input type="checkbox"/>	<input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/> Other:	
			Date sent:			
8			<input type="checkbox"/>	<input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/> Other:	
			Date sent:			
9			<input type="checkbox"/>	<input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/> Other:	
			Date sent:			
10			<input type="checkbox"/>	<input type="checkbox"/>	Positive <input type="checkbox"/> Negative <input type="checkbox"/> Other:	
			Date sent:			