ILLNESS & INFECTIOUS DISEASE REGISTER

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | DOB | SEX M/F | SYMPTOMS | DATE SYMPTOMS STARTED | DATE SYMPTOMS CEASED | DATE LAST ATTENDED SERVICE | REPORTED TO PUBLIC HEALTH UNIT | ACTION TAKEN |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |