$Central\ Coast\ Public\ Health\ Unit\ \underline{cclhd-gos-phu-id@health.nsw.gov.au}$

Phone: 43209730 Fax: 43209746



CONFIDENTIAL: Line listing of CHILDREN with Respiratory Illness- including influenza														
Facility name		Contact person		Contact #	Please	tick								
Name	Age	DOB	Gender	Flu Vaccination Status this year	Room and floor	Onset date of symptoms	Pyrexia.	Moist cough	Myalgia	Shortness of breath	Sore throat	Swab taken (date)	Treatment with Tamiflu Date commenced	Name of Hospita (if hospitalised)

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CONFIDENTIAL: Line listing of STAFF with Respiratory Illness-including influenza														
Facility name	Contact person Contact #			Please t	tick									
Name	Age	DOB	Gender	Flu Vaccination status this year	Direct care (Y/N)	Onset date of symptoms	Temp.	Moist cough	Myalgia	Shortness of breath	Sore throat	Swab attended (date)	Treatment with Tamiflu Date commenced	Name of hospital (if hospitalised)
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