



10/08/09

Date: _____

Name of Person Reporting: _____

Phone number of reporting person: _____

Illness Report:

Ill Person's Name (if known): _____

Campus Department: _____

Dept. Dean/Supervisor/Faculty Member: _____

Comments: _____

Ill person is:

Student

Staff

Faculty

Ill person was seen by:

Student Health Services

Off-campus health provider

Neither

Patient's Symptoms (check any/all that apply):

Fever

Sore Throat

Coughing/Sneezing

Body Aches

Diarrhea

Vomiting

Date symptoms/illness reported:

Dates student/employee absent:

_____ to _____

Return to Student Health Services at Campus Box #92 or Fax to 978-3517.