

H1N1 Reporting Form

CONFIDENTIAL – INFORMATION IS PROTECTED BY LAW

Notification Date: _____

Person Reporting: _____

Contact Information: phone number _____

e-mail _____

Name of Affected Person: _____

Campus:

Connection:

Main _____

Student _____

Law _____

Employee _____

Burleson _____

Commuter _____

Residential _____

Confirmed Case _____

Potential Case _____

If known, first date of flu symptoms*: _____

*Includes **fever and** cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue, and possibly diarrhea and vomiting.

Date individual returned to campus: _____

All forms must be forwarded to the Office of Human Resources (Please do not copy)

Date forwarded to HR: _____