

Appendix

Notification Form

Suspected Flue Case at Work

Details of Affected Staff

Name:	Worksite:	Location of isolation:
Job title:	Nationality if visitor to site:	Date of birth:
Address:		
Telephone numbers:		
Work:	Home:	Cell:
<i>Symptoms noticed:</i>		
Fever <input type="checkbox"/>	Body aches <input type="checkbox"/>	Headache <input type="checkbox"/>
Dry cough <input type="checkbox"/>	Cold <input type="checkbox"/>	
Other details _____ _____ _____		
Time of fever on-set: _____		
Time of isolation: _____		
Travel history over the past 14 days: _____		
Countries visited: _____		
Flights taken: _____		
Where referred:		
Contact List:		
1.	6.	11.
2.	7.	12.
3.	8.	13.
4.	9.	14.
5.	10.	15.



BC Forest Safety

Safety is good business