

NAME OF ECI: \_\_\_\_\_

## Illness Log

1. Name of person affected: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

2. Date of Illness: \_\_\_\_\_ 4. Time of Illness: \_\_\_\_\_

3. Description of symptoms

---

---

---

5. Description of signs:

---

---

---

6. Actions Taken/Response of Staff:

---

---

---

7. Name of Person Notified: \_\_\_\_\_

8. Referral:

Referred by: \_\_\_\_\_ Referred to: \_\_\_\_\_

9. Medical Practitioner's Diagnosis:

---

---

10. Form Completed by:

Name: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_