



<i>place label here</i>
Name: _____
UIN: _____
Date: _____

INFLUENZA-LIKE ILLNESS REPORTING FORM

Contact Date: _____

- Current Residence:
- Dormitory – Name: _____
 - Sorority/Fraternity – Name: _____
 - House/Apartment – # Roommates: _____

Current Phone Number: _____

College: _____

Absence Dates: Start date: _____

Expected return date: _____

- ACTION:** Patient advised to self-isolate for five days.
- Patient going home.
 - Patient requires isolation housing.

Patient Authorization for Release of Information

I give McKinley Health Center permission to release medical information pertaining to my current flu-like illness to myself, Campus Housing, the Emergency Dean and other units on campus for the purpose of isolating my illness from others and for providing information about accommodations to my college.

Patient Signature _____ Date _____



For Administrative Use Only

- Verbal consent obtained
- Emergency Dean notified
- Campus Housing notified
- Copy to patient

Signature _____ Date _____