Appendix B: Daily Absences Reported During Outbreak

Until the outbreak is declared over, please keep a tally of how many new children and staff are out sick each day, according to symptoms.

Today's Date: _____

Child's Name	**Respiratory illness (e.g., Cough, sore throat, runny nose, sneezing, fever)**	**Gastrointestinal illness (e.g., Nausea, vomiting, diarrhea)**	**Other/Unknown illness**
	Tally	Tally	Tally
	Total:	Total:	Total: