



## Flu Notification Form

**Supervisors must use this form where a staff member goes home with flu like symptoms.**

### Personal Details of the Staff member Sent Home

Title:	Family Name:	First Name:	Staff/student no.:
<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Contractor	<input type="checkbox"/> Visitor
Email:	Phone (w):	Phone (h):	
Faculty/Division:	School/Unit:		
Work Location - Building:	Room No.:		
Supervisor:	Phone:	email:	
Date form submitted:			

### Symptoms

<b>Tick one or more boxes where appropriate</b>	<input type="checkbox"/> Fever >38°C <input type="checkbox"/> Nasal Congestion <input type="checkbox"/> Sore throat <input type="checkbox"/> Body/muscle aches <input type="checkbox"/> Runny nose <input type="checkbox"/> Cough <input type="checkbox"/> Other, please specify:
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### Recent Travel

(complete only if you have recently returned from traveling)

Have you traveled Recently:	Overseas or Interstate (circle as appropriate)
Date Returned:	
Countries / Locations Visited:	
Did you come into contact with people who had a confirmed case of swine flue:	Yes or Unknown (circle as appropriate)
Did you come into contact with people who had a confirmed case of influenza A:	Yes or Unknown (circle as appropriate)

### Action Taken by Staff Member at time of Leaving Work

<b>Tick one or more boxes where appropriate</b>	<input type="checkbox"/> Go home <input type="checkbox"/> Phone Local GP <input type="checkbox"/> Go to local emergency department <input type="checkbox"/> I have contacted the Public Health Randwick 9382 833 <input type="checkbox"/> I have contacted Swine Flu Hotline 1802007  Date Action taken:
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### Send to:

OHS & Workers Compensation Manager: OHS & WC Unit, Human Resources Level 1 Chancellery Building.  
 Fax: 9385 2365