**Template: Workplace Illness Record**

In the event of a COVID-19 outbreak, the table will ensure that important information is recorded in one place and is easily accessible

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Name  | Department | Date/Time of onset of symptoms | Symptoms\* | Did person attend workplace whilst infectious? | Were there any close/direct contacts in the workplace? |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Symptoms \*** T = Temp (>=37.8 C), C = Cough, LST = Loss of smell/taste, Other (detail)