SOUTH BUFFALO CATHOLIC SCHOOL – NOTRE DAME ACADEMY

REPORT FOR EMPLOYEES/STUDENTS PRESENTING SYMPTOMS AT SCHOOL

Name:
Date:

___ Employee  ____ Student

Symptoms noticed:
- Temperature 100.4 or higher
- Shortness of breath, difficulty breathing
- Cough
- Running nose
- Sneezing
- Muscle Pain
- Tiredness

Additional Notes:

Time of fever or onset of symptoms:

Time of isolation:

Where is patient being referred to:

Reporter Name/Title: