



**STANFORD HOSPITAL & CLINICS
LUCILE PACKARD CHILDREN'S HOSPITAL
OCCUPATIONAL HEALTH SERVICES
Influenza Employee Exposure Screening Form**

Procedure:

An employee with an exposure to the Pandemic Influenza virus is to self screen twice daily for 7 days after the last day of exposure. Occupational Health Services personnel are available by phone 650-723-5922 or Pager 17849 to screen staff questions or concerns.

The employee is to remain off duty if any of the following symptoms are present:

- Oral temperature > (**greater than 100°F or 37.8°C**)
- Constitutional symptoms of the flu, such, cough, sore throat, and runny nose

Record observations below and notify your manager and Occupational Health Services if you develop a fever and or symptoms.

This document must be returned Occupational Health Services at the end of the required screening period.

Name: _____

Date of Exposure: _____

7 Days Post Exposure Date: _____

Comments:

Day	Date	Temp A.M.	Temp. P.M.	Flu Symptoms	Evaluator's Signature
1					
2					
3					
4					
5					
6					
7					

- **If this is not a Work Related Exposure and your symptoms persist please see your Primary Care Physician.**
- **Provide a Clearance from your Primary Care Physician to OHS when returning to work.**