Flu Symptom Log

Date: _____ **School: _____**

Please document all students who are sent home ill with the following symptoms: Fever 100 degrees or greater and sore throat or cough..

- **Place a check in the box for the reported symptoms and document the degree of fever if known.**

Student Name	Grade	Teacher	Fever/ Degree	Cough	Sore Throat	Sports? Y/N	Comments