

ILL-at-Work

Name: _____

Employee #: _____ DOB: _____ Date: _____

Contractor: _____

COMMENTS: The purpose of this program is to address supervisory concerns that an employee may be at work while contagious with the flu or other airborne transmissible disease. These concerns should be related to the supervisor's observation of current flu signs or symptoms. Supervisors have been instructed to ask these employees to go home or to see their private healthcare providers for clearance to return-to-duty. If an employee refuses, supervisors may elect to send the employee to your clinic for an "ILL-at-Work" evaluation.

PACKAGE: ILL-at-Work

E30

_____ Temperature

_____ History: Obtain relevant history related to the concerns and observations from the supervisor

_____ Physical: Must include exam of oro-pharynx, cervical nodes, & chest auscultation

_____ Triage per guidelines below

_____ Issue Employee Medical Results form to employee; fax to dept and OHP if employee is sent home.

No Restrictions:

- ▶ Currently afebrile, no reported fever or flu symptoms in the past 24 hours

Restricted:

- ▶ Current temperature of 100 degrees or more
- ▶ Current flu symptoms

"Employee was placed off-duty."

- ▶ Afebrile but flu symptoms or elevated temperature in last 24 hours

"Employee was placed off-duty today. May return to duty tomorrow."