

**INFLUENZA-LIKE ILLNESS (ILI) SURVEILLANCE FORM
(For use by Schools)**

INSTRUCTIONS: Please complete this form once each week using Tuesday's attendance record.

Send this information each week before noon on Wednesday to the NJDOH using one of the following mechanisms.

- Report via CDRSS ILI Module (preferred).
Request to the module can be obtained by sending an email to cdrsadmin@doh.state.nj.us. Individuals do not need to already have CDRSS user accounts to do this and access can be granted to just the ILI Module for data entry.
- Report via Fax
Reporters can fax data to the NJDOH at # 609-826-5972
- Report via email
Reports can be emailed to our group email account at InfluenzaAdvisoryGroup@doh.state.nj.us

Surveillance Date: _____

Name of School: _____

City/ County: _____

Current Number of enrolled Students: _____

Total Number Absent: _____

**Predominant cause of absenteeism
eg. Respiratory, Gastrointestinal (if known):** _____

Comments: _____

Name and phone number of Reporting Individual: _____