



ABSENTEEISM REPORT

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|--|---------------------|
| Name of school / daycare: | |
| Address: | Town: |
| Postal Code: | Telephone #: |
| Date of report: | |
| Name and title of person reporting: | |
| Report sent to: | |

Report received form: **School** **Daycare**

| Total population of school/workplace or daycare | | Absenteeism rate | | | |
|---|-------|---------------------------|--------------|------------------------|--------------|
| | | Number of students absent | Percentage % | Number of staff absent | Percentage % |
| Children or students | Staff | | | | |
| | | | | | |

Is the absenteeism rate due to:

- COVID-19 Symptoms (see below)**
- Combination of COVID-19 and other reasons**
- Other reason: Specify:** _____
- Unknown**

Please indicate the reported symptoms (if known) in students/children or employees absent with COVID-19 symptoms:

Covid-19 Common Symptoms:

- Fever (temperature of 37.8 or greater)
- New or worsening cough
- Shortness of breath/difficulty breathing
- Decrease or loss of smell or taste

Other Symptoms:

- Sore throat
- Stuffy nose and/or runny nose
- Headache
- Nausea, vomiting and/or diarrhea
- Fatigue, lethargy, muscle aches or malaise

Please email the completed form to schools@timiskaminghu.com or childcarehealth@timiskaminghu.com or call/email your assigned school public health nurse.