

2. Complete the **Illness Checklist** (next page), and keep an **Illness Log**

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Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

ILLNESS LOG

□□□□



Did the child's asthma get worse during the illness? Yes No
□□□□□□□□□□□□□□□□ □ □

Did the child become so ill that he/she had to see the doctor? Yes No
□□□□□□□□□□□□□□ □ □

Did doctor prescribe Tamiflu or Relenza? Yes No
□□□□ Tamiflu □□ Relenza? □ □

Did doctor prescribe antibiotics? Yes No
□□□□□□□□□ □ □

Did the child become so ill that he/she had to be admitted to a hospital for overnight care?
□□□□□□□□□□□□

Yes No
□ □

Date when the child was well enough to do usual activities: ____/____/____ (mm/dd/yyyy)
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