

Illness Exclusion Record

Date reported	Name	Symptoms	Action taken/notes	Date of return
At work <input type="checkbox"/> Telephoned <input type="checkbox"/>				
At work <input type="checkbox"/> Telephoned <input type="checkbox"/>				
At work <input type="checkbox"/> Telephoned <input type="checkbox"/>				
At work <input type="checkbox"/> Telephoned <input type="checkbox"/>				
At work <input type="checkbox"/> Telephoned <input type="checkbox"/>				