

# FLU ALERT

Influenza-like illness symptoms



*Use this list on a daily basis to assess your family's health status.*

## Do you have:

- |                            |                              |                             |
|----------------------------|------------------------------|-----------------------------|
| Fever (over 38°C / 100°F)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cough                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sore Throat                | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Joint pain or muscle aches | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fatigue or weakness        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Headache                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you checked yes to **fever and cough AND one or more of the other symptoms** you probably have an influenza-like illness.

**Note:** In children under five years of age, vomiting or diarrhea may also be present, but not necessarily fever.

**If you are ill, stay home.**

If you have any concerns about you or your child's health, please contact your family physician or call  
**TeleHealth Ontario at 1-866-797-0000**  
**(24 hours a day/7 days a week.)**

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