Recreational Water Employee Illness Log

Report Date	Employee Name	Vomiting*	Diarrhea*	Fever	Rash	Respiratory (cough, sore throat, runny nose, etc.)	Comments or Additional Symptoms	Diagnosed?** (e.g., Cryptosporidium, Giardia, Pseudomonas)	Date Returned to Work

*Employees with diarrhea or vomiting MAY NOT WORK until they are symptom free.

**Employees diagnosed with *Cryptosporidium* MAY NOT ENTER THE WATER for 2 WEEKS following the resolution of symptoms.



Minnesota Foodborne and Waterborne Illness Hotline: 1-877-366-3455 PO Box 64974, St. Paul, MN 55164