

Michigan School Building Weekly Report of Communicable Disease

According to the State of Michigan Public Health Code (Public Act 368, of 1978 as amended), THE LOCAL HEALTH DEPARTMENT SHALL BE NOTIFIED IMMEDIATELY OF THE OCCURRENCE OF COMMUNICABLE DISEASE (ESPECIALLY RASH-LIKE ILLNESSES WITH FEVER). In addition to immediate notification by telephone at **616.632.7228**, please include all occurrences on this form and fax to **616.632.7085** before **5 PM on Friday**.



HEALTH DEPARTMENT
Caring today for a healthy tomorrow

SECTION 1. Please print clearly and complete in full.

Week Ending: ____/____/200__ School: _____ ID Number: _____
 Date: _____ Submitted by: _____ Title _____ E-Mail: _____
 Telephone: _____ Fax: _____ Enrollment: _____ NOTHING TO REPORT

SECTION 2. Indicate the NUMBER of cases of each illness. These DO NOT need to be listed individually in Section 3.

Flu Type	Number	Definition	
Influenza Like Illness (Respiratory Flu)		Any child with pneumonia or fever and any of the following symptoms: sore throat, cough, generalized aching in the back or limb muscles. Vomiting and diarrhea alone are NOT respiratory flu.	Strep Throat _____ Pink Eye (conjunctivitis) _____ Head Lice _____ Scarlet Fever _____ Fifth Disease _____ Impetigo _____ Mononucleosis _____ Scabies _____ Cold _____ Bronchitis _____ Other (please describe) _____
Gastrointestinal Illness ("Stomach Flu")		Any child with vomiting and/or diarrhea.	
Unknown "Flu"		Parent reports "my child has the flu"--no symptom information available.	
Did school close this week due to excessive absences? <input type="checkbox"/> CALL THE HEALTH DEPARTMENT IMMEDIATELY AT 632-7228		Number of absences due to Asthma or "Breathing Problems" _____	

SECTION 3. List all confirmed or suspected cases of communicable diseases, including: **Chickenpox**, Measles, Rubella (German Measles), Mumps, Hepatitis, Pertussis (Whooping Cough) *Haemophilus influenzae* type B, Encephalitis and Meningitis or other – please specify. Please attach additional sheets as needed.

Also report within 24 hours the unusual occurrence or outbreak of any disease or infection.

Name	Phone & Address	Date of Birth	Sex	Grade	Date 1 st absent	Disease	Diagnosed by Dr; Parent, Teacher, etc.