

GENESEE COUNTY HEALTH DEPARTMENT

MICHIGAN SCHOOL BUILDING WEEKLY REPORT OF COMMUNICABLE DISEASES TO LOCAL HEALTH DEPARTMENT

According to Public Act 368, of 1978 as amended, the local health department shall be notified immediately of the occurrence of communicable disease (especially rash-like illness with fever). In addition to immediate notification by telephone, please include all occurrences on this form and mail to your local health department.

WEEK ENDING: ____ / ____ /200__ SCHOOL NAME: _____

CHILDCARE/
PRESCHOOL
 PUBLIC
 CHARTER
 PRIVATE

DISTRICT: _____

REPORTING INSTRUCTIONS: Please record all appropriate information and submit each **MONDAY by 11AM** EVEN IF THERE ARE NO DISEASES TO REPORT. Fax completed forms to the health department at 810-257-3247. Add additional sheets as necessary. Thank you.

-Reports may also be submitted online by visiting our website at www.gchd.us and clicking on "Reports & Forms"-

CURRENT SCHOOL ENROLLMENT	
TOTAL NUMBER OF CHILDREN ABSENT THIS WEEK	

AGGREGATE CASE COUNT REPORTING: Record total number of cases for flu-like illness and stomach virus below.

	NUMBER OF CASES	DEFINITION
FLU LIKE ILLNESS (APPARENT INFLUENZA*)		FLU LIKE ILLNESS is fever and any of the following symptoms: Sore throat, cough, generalized aching in the back or limb muscles. *Vomiting and diarrhea <u>alone</u> are <u>not</u> indications of influenza.
STOMACH VIRUS		STOMACH VIRUS is diarrhea and/or vomiting for 24 to 48 hours.
STREP THROAT		STREP THROAT is generally doctor diagnosed and is characterized by a severe sore throat that is normally accompanied by fever and headache

INDIVIDUAL DISEASE REPORTING: List complete information for ALL CONFIRMED OR SUSPECTED CASES of communicable diseases below, *including chickenpox.*

Serious/rare illnesses: In addition to reporting on this form, call the health department at **(810) 257-1017 IMMEDIATELY** to report: measles, mumps, rubella, pertussis, Haemophilus influenzae Type B, meningitis, encephalitis, hepatitis, tuberculosis, or any other serious communicable disease occurrence.

DISEASE	DATE 1 ST ABSENT	CHILD'S NAME		BIRTHDATE MM/DD/YYYY	CHILD'S ADDRESS/CITY/ZIP	CHILD'S PHONE NUMBER(S)	DISEASE IDENTIFIED BY: <i>doctor/parent/other</i>
		FIRST	LAST				

PLEASE CHECK IF:

- NO DISEASES TO REPORT THIS WEEK
- SCHOOL CLOSED DUE TO ILLNESSES

SUBMITTED BY: _____

PHONE NUMBER: _____

TODAY'S DATE: _____