

ST CLAIR 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 submit to your local health department.

WEEK ENDING: ___ / ___ /20 SCHOOL NAME: _____ SCHOOL PRE-SCHOOL DAYCARE
 DISTRICT: _____

REPORTING INSTRUCTIONS: Please record all appropriate information and submit each **FRIDAY by 12PM** EVEN IF THERE ARE NO DISEASES TO REPORT: Fax completed forms to the health department at **810-985-4340**. Add additional sheets as necessary. Thank you.

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.

INDIVIDUAL DISEASE REPORTING: List complete information for ALL CONFIRMED OR SUSPECTED CASES of communicable diseases below if identified on the "List of Communicable Diseases." In addition to reporting on this form, call the health department at **(810) 987-5300 IMMEDIATELY** when the information becomes available regarding the student and give the information to a communicable disease nurse.

DISEASE	DATE 1 ST ABSENT	CHILD'S NAME		G R A D E	BIRTHDATE MM/DD/YYYY	CHILD'S ADDRESS/CITY/ZIP	PHONE NUMBER(S)	Race	DIAGNOSED BY (provide name if available of Dr., parent, teacher, etc.)
		FIRST	LAST						

PLEASE CHECK IF:
 NO DISEASES TO REPORT THIS WEEK
 SCHOOL CLOSED DUE TO ILLNESSES

SUBMITTED BY: _____
 PHONE NUMBER: _____
 TODAY'S DATE: _____