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: ____/____/____ 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 **810-987-3062**. Add additional sheets as necessary. Thank you.

AGGREGATE CASE COUNT REPORTING: Record total number of cases for flu-like illness, stomach virus, and COVID-19 below.

FLU LIKE ILLNESS (fever and cough and/or sore throat without a known cause)	Number of Cases:
STOMACH VIRUS (diarrhea and/or vomiting for at least 24 hours)	Number of Cases:
COVID-19 (reported cases in both students & staff)	Number of Cases:

INDIVIDUAL DISEASE REPORTING: List complete information for ALL CONFIRMED OR SUSPECTED CASES of communicable diseases below if identified on the "List of Reportable 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 1ST ABSENT	CHILD'S NAME FIRST	CHILD'S NAME LAST	GRADE	BIRTHDATE MM/DD/YYYY	CHILD'S ADDRESS/CITY/ZIP	PHONE NUMBER(S)	Race	DIAGNOSED BY (provide name if available of Dr., parent, teacher, etc.)

PLEASE CHECK IF:

□ **NO DISEASES TO REPORT THIS WEEK**

□ **SCHOOL CLOSED DUE TO ILLNESSES**

SUBMITTED BY: _____

PHONE NUMBER: _____

TODAY'S DATE: _____