



**WASHTENAW COUNTY SCHOOL AND CHILD CARE CENTER
WEEKLY REPORT OF COMMUNICABLE DISEASE**



Schools and child care centers play an essential role in surveillance of communicable disease among children. According to the State of Michigan Public Health Code (Public Act 368, of 1978 as amended), the local Health Department shall be notified of the occurrence of reportable communicable disease (**ESPECIALLY RASH-LIKE ILLNESSES WITH FEVER**).

Please FAX completed form each Friday to Washtenaw County Public Health at (734) 544-6706 (Secure fax line)

1 Week Ending: (Friday's date)	School/ Child Care:	District:	Current Enrollment:												
2 Call the Health Department IMMEDIATELY at (734) 544-6770 if any of the following illnesses are suspected or confirmed: Measles, Mumps, Rubella (German measles), Pertussis (Whooping cough), Meningitis (viral or bacterial), Hepatitis A or B, Tuberculosis, and SARS . Also report the unusual occurrence or outbreak of any disease or infection.															
3 Report the number of students each week with suspected or confirmed cases of: Chickenpox <input style="width: 40px; height: 25px;" type="text"/> (Complete the Chickenpox Report Form for each case) Respiratory Illness <input style="width: 40px; height: 25px;" type="text"/> (Any student with fever or pneumonia AND any of the following symptoms: sore throat, cough, generalized aching in the muscles of the arms/legs/back) Gastrointestinal Illness <input style="width: 40px; height: 25px;" type="text"/> (Any student with vomiting and/or diarrhea) (Norovirus-like)			5 Please Check Here If: <input type="checkbox"/> No diseases to report <input type="checkbox"/> School Closed (dates) _____ <input type="checkbox"/> Other information: _____ _____ _____												
4 TOTAL ABSENCES For any reason (This information is optional) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">Monday</td> <td style="text-align: center; padding: 5px;">Tuesday</td> <td style="text-align: center; padding: 5px;">Wednesday</td> <td style="text-align: center; padding: 5px;">Thursday</td> <td style="text-align: center; padding: 5px;">Friday</td> <td style="text-align: center; padding: 5px;">TOTAL</td> </tr> <tr> <td style="text-align: center; padding: 5px;"><input style="width: 40px; height: 40px;" type="text"/></td> <td style="text-align: center; padding: 5px;"><input style="width: 40px; height: 40px;" type="text"/></td> <td style="text-align: center; padding: 5px;"><input style="width: 40px; height: 40px;" type="text"/></td> <td style="text-align: center; padding: 5px;"><input style="width: 40px; height: 40px;" type="text"/></td> <td style="text-align: center; padding: 5px;"><input style="width: 40px; height: 40px;" type="text"/></td> <td style="text-align: center; padding: 5px;"><input style="width: 40px; height: 40px;" type="text"/></td> </tr> </table>			Monday	Tuesday	Wednesday	Thursday	Friday	TOTAL	<input style="width: 40px; height: 40px;" type="text"/>	<input style="width: 40px; height: 40px;" type="text"/>	<input style="width: 40px; height: 40px;" type="text"/>	<input style="width: 40px; height: 40px;" type="text"/>	<input style="width: 40px; height: 40px;" type="text"/>	<input style="width: 40px; height: 40px;" type="text"/>	6 Submitted by: _____ Telephone: _____ Email: _____ Date: _____
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