

# OTTAWA COUNTY HEALTH DEPARTMENT

## Michigan School Building Weekly Report of Communicable Diseases to Local Health Department

**1** Week ending: \_\_\_/\_\_\_/\_\_\_ (Always a Friday)      School Name: \_\_\_\_\_       School    Pre-School    Daycare  
 School ID Number: 70 — \_\_\_ — \_\_\_\_\_      Current School Enrollment: \_\_\_\_\_

**Instructions**  
**A:** Fill out form as completely as possible (Sections 1, 2, 3, 4, 5, 6)  
**B:** Fax by **Friday at 11am to 616-393-5659** EVEN IF THERE ARE NO DISEASES TO REPORT  
**C:** Fill out and fax "Chickenpox Reporting Form" for each case of suspected or confirmed chickenpox

**2** Serious/rare illness:

Measles	Rubella	Encephalitis	Haemophilus Influenza Type B	Tuberculosis
Mumps	Meningitis	Hepatitis	Pertussis (Whooping Cough)	Unusual occurrence/outbreak

**Immediately call Health Department at (616)393-5735**

**3** Record **total number** of students each week with suspected or confirmed cases of:

	TOTAL CASES	DEFINITION
<b>FLU-LIKE ILLNESS</b>		a) <b>Fever</b> plus any of the following symptoms: b) <b>Sore throat, cough, aching in the back or limb muscles</b>
<b>STOMACH VIRUS</b>		Diarrhea and/or vomiting for 24 to 48 hours

**5** PLEASE CHECK IF:

NO DISEASES TO REPORT THIS WEEK

SCHOOL CLOSED DUE TO ILLNESSES

**4** **CHICKENPOX:** Complete and fax "Chickenpox Reporting Form" for **each** case

# of "Chickenpox Reporting Forms" faxed:

**6** Submitted by: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_

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).

