

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
MICHIGAN SCHOOL BUILDING WEEKLY REPORT OF COMMUNICABLE DISEASE 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.

1 WEEK ENDING: _____ SCHOOL OR PRESCHOOL: _____ DISTRICT: _____ CURENT SCHOOL ENROLLMENT: _____

INSTRUCTIONS:

- A: Record appropriate information in Sections 1, 2, 3, 4, & 5.
- B: **SUBMIT EACH FRIDAY** to your local health department **EVEN IF THERE ARE NO DISEASES TO REPORT.**
- C: Fax to 810- 237-6162, or mail to Genesee County Health Department 630 S. Saginaw St. Flint MI 48502. Attn: School Health Nursing
- D: Add additional sheets as necessary.

2 List all confirmed or suspected cases of communicable diseases, including: Measles, Rubella (German measles), Mumps, Hepatitis, Scarlet Fever, Strep Throat, Scabies, Pertusis (Whooping Cough), Haemophilus influenza type b, Encephalitis, and Meningitis.

DISEASE	DATE FIRST ABSENT	CHILD'S NAME LAST FIRST	AGE/ SEX	GRADE	ADDRESS/CITY/ZIP	PHONE NUMBER(S)	DIAGNOSED BY: (Dr., parent, teacher, etc)

3 Indicate here (by number only) suspected or confirmed cases of:

DISEASE	NUMBER OF CASES					
Apparent Flu*						
Pediculosis (Head Lice)						
By Age Group →	0-4	5-9	10-14	15-19	20+	TOTAL
Chicken Pox						

4 PLACE AN X HERE IF:

- NO DISEASES TO REPORT
- SCHOOL CLOSED DUE TO DISEASE

5

SUBMITTED BY: _____

TELEPHONE #: _____

DATE: _____

*Count as **APPARENT FLU** case any child with **pneumonia** or **fever** and any of the Following symptoms: **sore throat, cough**, generalized aching in the back or limb muscles. Please report apparent influenza by total numbers only. Vomiting and diarrhea alone are not indications of influenza.