

Michigan School Building Weekly Report of Communicable Disease
 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 ILLNESSES WITH FEVER).** In addition to immediate notification by telephone at (517) 768-1662, please include all occurrences on this form and fax to (517)-788-4256, email to jchdschoolregister@co.jackson.mi.us or mail to 1715 Lansing Avenue, Ste 221, Jackson, MI 49202 on Fridays, **EVEN IF THERE ARE NO DISEASES TO REPORT.**



Section 1. Please print clearly and complete in full.

Week Ending : ____ / ____ / 20__ School _____ District _____

Date: _____ Submitted by: _____ Title: _____

Telephone # _____ Fax # _____ Current Enrollment _____

NO DISEASES TO REPORT **SCHOOL CLOSED THIS WEEK DUE TO EXCESSIVE ABSENCES**

Section 2. Indicate the NUMBER of cases of each illness. These DO NOT need to be listed individually in Section 3 (Aggregate Numbers Only)

| Flu Type | Number | Definition | |
|--|--------|---|--|
| Influenza Like Illness (Respiratory Flu) | | Any child with pneumonia or fever and any of the following symptoms: sore throat, cough, generalized body aches. <i>Vomiting and diarrhea alone is NOT respiratory flu.</i> | Strep Throat _____ Pink Eye (conjunctivitis) _____ Head Lice _____ |
| Gastrointestinal Illness (Stomach Flu) | | Any child with only vomiting and/or diarrhea. | Scarlet Fever _____ Fifth Disease _____ |
| Unknown "Flu" | | Parent reports "my child has the flu" with no symptom information available. | Impetigo _____ Mononucleosis _____ |

Section 3. Specific Information - List all confirmed or suspected cases of communicable diseases, including: Chickenpox, Pertussis (Whooping Cough), Meningitis, Measles, Rubella (German Measles), Mumps, Hepatitis, Haemophilus influenza type B, Encephalitis or other—please specify. Attach additional sheets if necessary. Please report an unusual occurrence or outbreak of any disease or infection within 24 hours.

| STUDENT NAME | ADDRESS | PHONE | DATE OF BIRTH | GRADE | DATE 1 ST ABSENT | DISEASE | DIAGNOSED BY: (Dr., parent, teacher, etc.) |
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