

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 ILLNESSES WITH FEVER). In addition to immediate notification by telephone, please include all occurrences on this form and FAX this form to your local health department.

INSTRUCTIONS: A. Record appropriate information in sections 1, 2, 3, 4 & 5. B. FAX THIS FORM EACH FRIDAY (if unable to report online or missed deadline) to the County Branch Office (see below). C. SEND EVEN IF THERE IS NOTHING TO REPORT. CHECK BOX #1 BELOW.											
1. WEEK ENDING: _____ Select If No Disease To Report:	SCHOOL NAME:	DISTRICT:	SCHOOL ENROLLMENT:								
SUBMITTED BY:	DATE:	PHONE:	5. Select If School Closed Due To Illness:								
2. List all confirmed or suspected cases of communicable diseases, including: Measles, Rubella (German Measles), Mumps, Hepatitis, Pertussis (Whooping Cough), Haemophilus Influenza Type B, Encephalitis, Meningitis, Chickenpox (Varicella), and COVID-19.											
STUDENT OR STAFF NAME	DOB	PHONE	ADDRESS	PARENT NAME OR STAFF POSITION	GRADE	DISEASE	DATE 1 ST ABSENT	DATE TESTED	DATE SYMPTOMS STARTED	DIAGNOSED BY: (Dr., parent, teacher, etc.)	
3. Indicate NUMBER of suspected or confirmed cases of:						4. Indicate the NUMBER of cases of:					
DISEASE	# OF CASES	DEFINITION									
Influenza-Like Illness (Respiratory flu)		Any child with fever & any of the following symptoms: sore throat, cough, and generalized aching. Vomiting & diarrhea alone is NOT respiratory flu.				Cold/Bronchitis: _____		Sore Throat (only): _____		Fever: _____	
Gastrointestinal Illness ("Stomach Flu")		Any child with vomiting and/or diarrhea for 24 to 48 hours (24-hour flu).				Fifth Disease: _____		Scabies: _____		Impetigo: _____	
Unknown Influenza (Flu)		Parent reports "my child has flu" no symptom information available.				Scarlet Fever: _____		Ringworm: _____		Pink Eye: _____	
						Mononucleosis: _____		Lice: _____		Strep Throat: _____	
						Other Disease Name: _____					
						Other Disease Count: _____					



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