

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). PLEASE NOTE: If COVID-19 is reported the CD Nurse does NOT need to be notified immediately, record aggregate cases in section 4 and write in COVID under other disease and enter number of cases reported.											
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				Cold/Bronchitis: _____ Sore Throat (only): _____ Fever: _____ Fifth Disease: _____ Hand Foot Mouth: _____ Impetigo: _____ Scarlet Fever/Strep Throat: _____ Ringworm: _____ Pink Eye: _____ Mononucleosis: _____ Lice: _____ Scabies: _____ Other Disease Name: _____ Other Disease Name: _____ Other Disease Count: _____ Other Disease Count: _____					
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.									
Gastrointestinal Illness ("Stomach Flu")		Any child with vomiting and/or diarrhea for 24 to 48 hours (24-hour flu).									
Unknown Influenza (Flu)		Parent reports "my child has flu" no symptom information available.									



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