



Public Health
Prevent. Promote. Protect.

PUBLIC HEALTH – MUSKEGON COUNTY

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

Form CD-01
Rev. 08/2016

Instructions: Fill in the blanks of this form as completely as possible and **submit by 12 p.m. on Friday.**
Email the form to: SchoolCDReporting@co.muskegon.mi.us or FAX it to: (231) 724-3596.
This form must be submitted each week even if there are no diseases to report.

1 **Week Ending:** _____ **School or Daycare Name:** _____ (Please be consistent on each report)
(Always a Friday Date) **Check if:** Pre-School Daycare Elementary Middle/Junior High High School _____
Current School/Daycare Enrollment: _____

2 **Total number of students this week with:**

	Total	Definition
Flu-Like Illness:	_____	Fever plus any of the following symptoms: Sore throat, cough, aching in the back or limb muscles
Stomach Virus:	_____	Diarrhea and/or vomiting

3 **Total number of students this week with:**

Pink Eye: _____	Strep Throat: _____	Hand, Foot & Mouth: _____
Scabies: _____	Mononucleosis: _____	Fifth Disease: _____
Head Lice: _____	Scarlet Fever: _____	
Other: _____	Specify: _____	

4 **Check if:**
 No Diseases To Report This Week
 School Closed Due To Illness

According to PA 368 of 1978 as amended, the local health department shall be notified immediately of the occurrence of communicable disease.

5 **Serious/Rare Illnesses:**

Chickenpox	Pertussis/Whooping Cough
Encephalitis	Rubella
Hepatitis	Tuberculosis
Haemophilus Influenza B	Unusual occurrence/outbreak
Measles	Specify: _____
Meningitis	_____
Mumps	

↳ Immediately call the Public Health Nurse at (231) 724-1287.

Date: _____ Spoke With: _____

6 **School Contact:**

Submitted by: _____
Phone: _____
Date: _____

For help with this form or if you experience trouble emailing or faxing the form, please call (231) 724-1238.