

# Michigan School Building Weekly Report of Communicable Disease to Local Health Department

CD-01 Rev 07/09

According to Public Act 368, of 1978 (Rule 333.5111; 325.173) 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 to Public Health - Muskegon County.

- Instructions:**
- A. Please Print
  - B. Record appropriate information in Sections 1, 2, 3, 4, & 5
  - C. **FAX EACH FRIDAY by 11:00 a.m.** to Public Health - Muskegon County even if there are no diseases to report.

## Public Health - Muskegon County Communicable Disease Fax Number: 724-4440

1

Week Ending: ____ - ____ - 201 ____	School Name/School ID Number: _____	Current School Enrollment _____	Health Dept. Use Only: _____
<b>Always a Friday Date</b>	_____	_____	District _____ Week# _____

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

Gastrointestinal Illness: _____	Pediculosis (Head Lice): _____
Pink Eye: _____	Strep Throat: _____
Apparent Flu*: _____	Mononucleosis: _____
Scabies: _____	_____

### Chicken Pox Reporting

Chicken Pox is to be reported in Section 3 below. Because of the follow up required by the Michigan Department of Community Health, the information in Section 3 needs to be filled in completely (not aggregate numbers.) Use code D-11

3 List all confirmed or suspected cases of communicable disease, including: (Report underlined/bolded below diseases within 24 hours to PHMC Communicable Disease Nurse: 724-4723)

<u>D1 – Measles</u>	<u>D3 – Mumps</u>	D5 – Scarlet Fever	<u>D7 – Haemophilus Influenza Type B</u>	<u>D9 – Meningitis</u>	<u>D11 – Chicken Pox</u>
<u>D2 – Rubella (German Measles)</u>	<u>D4 – Hepatitis</u>	<u>D6 – Pertussis (Whooping Cough)</u>	<u>D8 – Encephalitis</u>	<u>D10 – "Other", please specify</u>	

Disease Code	Date First Absent	Child's Name Last First	DOB/Sex	Grade	Address/Zip Code	Phone Number	Physician Name/ Physician Phone

- 4 Place an "x" here if:
- \_\_\_\_\_ No Diseases to Report
  - \_\_\_\_\_ School Closed Due to Disease



- 5 Submitted by: \_\_\_\_\_
- Telephone: \_\_\_\_\_
- Date: \_\_\_\_\_

\* Count as an 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 an indication of influenza.