MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

MICHIGAN SCHOOL BUILDING WEEKLY REPORT OF COMMUNICABLE DISEASE TO LOCAL HEALTH DEPARTMENT

CURRENT SCHOOL

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 or mail to your local health department.

SCHOOL OR

1	WEEK ENDING:		PRESCHOOL:				DISTRICT:	ENROLLMENT:		
	A: Record appropriate information in Section B: MAIL OR FAX EACH FRIDAY to your local C. Add additional sheets as necessary.					your local h	is 1, 2, 3, 4 & 5. health department EVEN IF THERE ARE NO DISEASES TO REPORT.			
	2 List all confirmed or suspected cases of communicable diseases, including but not limited to: Measles, Rubella (German measles), Mumps, Hepatitis, Scarlet Fever, Strep Throat, Scabies, Pertussis (Whooping Cough), <i>Haemophilus influenza</i> e type b, Encephalitis, Meningitis, Tuberculosis, Chickenpox (Varicella), Salmonellosis, Shiga toxin producing <i>E. coli</i> , Campylobacteriosis and Shigellosis.									
	DISEASE	ABSENT	LAST	CHILD'S NAME FIRST	AGE/ SEX	GRADE	ADDRESS/CITY/ZIP	PHONE NUMBER(S)	DIAGNOSED BY: (Dr., parent, teacher, etc)	
3	3 Indicate here (by number only) suspected or confirmed cases of:						4 Place an X here if:			
DISEASE NUMBER OF CASES						☐ NO DISEASES TO REPORT				
Αŗ	oparent Flu*						\square SCHOOL CLOSED DUE TO DISEASE			
Pediculosis (Head Lice)										
Gastrointestinal Illness						5				
*Count as 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 indications of influenza.										
						SUBMITTED BY:				
						TELEPHONE #:				
						DATE:				

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