

**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 or mail to your local health department.

<b>1. WEEK ENDING:</b>	<b>SCHOOL OR PRESCHOOL:</b>	<b>DISTRICT:</b>	<b>CURRENT SCHOOL ENROLLMENT:</b>
------------------------	-----------------------------	------------------	-----------------------------------

**INSTRUCTIONS**     ↑

A: Record appropriate information in Sections 1, 2, 3, 4 & 5.  
 B: Mail: simply fold, scotch tape, stamp, and mail to: DHD#4, Attn: CD Coordinator, 100 Woods Circle, Suite 200, Alpena, MI 49707  
 C: FAX EACH FRIDAY to DHD#4 EVEN IF THERE ARE NO DISEASES TO REPORT. Attn: CD Coordinator 989-356-3529  
 D: Add additional sheets as necessary.

**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), *Haemophilus influenzae* type b, Encephalitis, Meningitis, Tuberculosis, Chickenpox (Varicella), Salmonellosis, Shiga toxin producing *E coli*, Campylobacteriosis and Shigellosis.

DISEASE	DATE FIRST ABSENT	CHILD'S NAME LAST                      FIRST	AGE/ SEX	GRADE	ADDRESS/CITY/ZIP	PHONE NUMBER(S)	DIAGNOSED BY: (Dr., parent, teacher, etc.)

**3.** Indicate here (by number only) suspected or confirmed cases of:

DISEASE	NUMBER OF CASES
Apparent Flu* (See Below)	
Pediculosis (Head Lice)	
Stomach Flu	

**\*** 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.

**4.** Place an check here if:  
 NO DISEASES TO REPORT  
 SCHOOL CLOSED DUE TO DISEASE

---

**5.** SUBMITTED BY: \_\_\_\_\_

TELEPHONE #:

DATE: