

Student Personnel
500 Series

Code No. 507.3E3

REPORTING FORM

Report the following diseases immediately by telephone (1-800-362-2736).

- | | | |
|------------|-------------------|-------------------------|
| Botulism | Poliomyelitis | Yellow Fever |
| Cholera | Rabies (Human) | Disease outbreak of any |
| Diphtheria | Rubella | public health concern |
| Plague | Rubeola (Measles) | |

Report All Other Diseases Below

Week Ending _____

DISEASE	PATIENT	COUNTY/CITY	DOB	SEX
	Name Parent (if applicable) Address Attending Physician			
	Name Parent (if applicable) Address Attending Physician			
	Name Parent (if applicable) Address Attending Physician			
	Name Parent (if applicable) Address Attending Physician			
	Name Parent (if applicable) Address Attending Physician			

Reporting Physician, Hospital, or Other Authorized Person _____

Address _____

Remarks _____

FOR SCHOOLS ONLY: Report ov 10% absent only. Total enrollment: _____					
	Monday	Tuesday	Wednesday	Thursday	Friday
No. Absent					
% of Enrollment					
REPORT NUMBER OF CASES ONLY	Chickenpox _____	Erythema Infectiosum (5th Disease) _____	Gastroenteritis _____	Influenza-like illness _____	