



Monterey County Health Department Communicable Disease Report Form 2018-2019 School Year

Please consult the Monterey County Health Department's *Guidelines for Reporting Illnesses in Educational and Daycare Settings* for guidance on when to report an individual case of illness and when to report a possible cluster/outbreak.

Complete and fax this form to the Health Department's Epidemiology & Surveillance Unit at (831) 775-8046 or call the Epidemiology & Surveillance Unit at (831) 755-4698 as soon as an individual case is identified or a cluster is suspected. Health Department staff will contact the person listed below to follow up on the report and obtain additional information.

School Name: _____ Total Student Enrollment: _____

Completed by (name): _____ Title: _____

Telephone Number: _____ Fax Number or email address: _____

Date Report Submitted: _____

Report of (please mark one): Individual Case (only fill out A below) Suspected Cluster or Outbreak (only fill out B below)

A. Individual Case of:

- | | | |
|---|--|---|
| <input type="checkbox"/> Animal Bite | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Foodborne Illness |
| <input type="checkbox"/> German Measles (Rubella) | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Measles (Rubeola) |
| <input type="checkbox"/> Meningitis, Bacterial | <input type="checkbox"/> Mumps | <input type="checkbox"/> Pertussis (Whooping Cough) |
| <input type="checkbox"/> Poliomyelitis (Polio) | <input type="checkbox"/> Sexually Transmitted Infections | <input type="checkbox"/> Smallpox |
| <input type="checkbox"/> Tetanus (Lockjaw) | <input type="checkbox"/> Tuberculosis (TB), Active | |

Date symptoms first began: _____

B. Suspected Outbreak or Cluster, examples include:

- ≥5 individuals with similar symptoms within 5 days in the same classroom
- ≥10% of the school's student population absent with similar symptoms on any day
- ≥20% of the school's student population absent (symptoms unknown) on any day
- Other: _____

Symptoms:

- | | | |
|--|---|----------------------------------|
| <input type="checkbox"/> Fever with cough, or fever with sore throat | <input type="checkbox"/> Vomiting and/or diarrhea | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Other: _____ | | <input type="checkbox"/> Unknown |

Date symptoms/absenteeism first began: _____

Please call (831) 755-4698 if you have questions about completing this form.

FAX TO: Monterey County Health Department
Epidemiology & Surveillance Unit at (831) 775-8046.