

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**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>CURRENT SCHOOL ENROLLMENT:</b>	<b>TOTAL NUMBER ABSENT THIS WEEK:</b>
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**INSTRUCTIONS**      ↑

A: Record appropriate information in Sections 1, 2, 3, 4 & 5.  
 B: FAX or Email EACH FRIDAY to your local health department **EVEN IF THERE ARE NO DISEASES TO REPORT.**  
     **DIDHD Fax 906-874-2950 or email [jperry@didhd.org](mailto:jperry@didhd.org)**  
 C. 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.

DISEAS	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*	
Gastrointestinal Illness (diarrhea and/or vomiting for 24-48 hours)	
Pediculosis (Head Lice)	

**4** Place an X here if:

NO DISEASES TO REPORT

SCHOOL CLOSED DUE TO DISEASE

\*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.

**5**

SUBMITTED BY: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

DATE: \_\_\_\_\_