

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.

1 WEEK ENDING:	SCHOOL OR PRESCHOOL:	CURRENT SCHOOL ENROLLMENT:	TOTAL NUMBER ABSENT THIS WEEK:
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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.

3 Indicate here (by number only) suspected or confirmed cases of:		4 Place an X here if:	
DISEASE	NUMBER OF CASES	<input type="checkbox"/> NO DISEASES TO REPORT <input type="checkbox"/> SCHOOL CLOSED DUE TO DISEASE	
Apparent Flu*			
Gastrointestinal Illness (diarrhea and/or vomiting for 24-48 hours)			
Pediculosis (Head Lice)			
*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:	