

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:		DISTRICT:		CURRENT SCHOOL ENROLLMENT:	
INSTRUCTIONS		<p>A: Record appropriate information in Sections 1, 2, 3, 4 &amp; 5.      B: MAIL, EMAIL, or FAX EACH FRIDAY to your local health department EVEN IF THERE ARE NO DISEASES TO REPORT.      C: Add additional sheets as necessary.</p>					
<p>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), <i>Haemophilus influenzae</i> type b, Encephalitis, Meningitis, Tuberculosis, Chickenpox (Varicella), Salmonellosis, Shiga-Toxin producing <i>E. coli</i>, Campylobacteriosis and Shigellosis.</p>							
DISEASE	DATE FIRST ABSENT	CHILD'S NAME LAST	FIRST	AGE/SEX	GRADE	ADDRESS/CITY/ZIP	PHONE NUMBER(S)
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*							
COVID-19							
Pediculosis (Head Lice)							
Gastrointestinal Illness (diarrhea and/or vomiting for 24-48 hours)							
<p>5</p> <p>SUBMITTED BY:</p> <p>TELEPHONE #:</p> <p>DATE:</p>							

**\*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.**

**SUBMITTED BY:**

**TELEPHONE #:**

DATE