

Michigan School Building Weekly Report of Communicable Disease

According to Public Act 368, of 1978 as amended, **THE LOCAL HEALTH DEPARTMENT MUST BE NOTIFIED WITHIN 24 HOURS OF THE OCCURRENCE OF COMMUNICABLE DISEASE (ESPECIALLY RASH-LIKE ILLNESSES WITH FEVER).** In addition to immediate notification by telephone at (517) 788-4655, please include all occurrences on this form and fax to (517)-788-4256, email to jchdschoolregister@mijackson.org or mail to 1715 Lansing Avenue, Jackson, MI 49202.



REPORT WEEKLY, EVEN IF THERE ARE NO DISEASES TO REPORT.

Section 1. Please print clearly and complete in full.

Week Ending : ____ / ____ / 20__ School _____ District _____

Date: _____ Submitted by: _____ Title: _____

Telephone # _____ Current Enrollment _____

NO DISEASES TO REPORT **SCHOOL CLOSED THIS WEEK DUE TO EXCESSIVE ABSENCES**

Section 2. Indicate the NUMBER of cases of each illness. These DO NOT need to be listed individually in Section 3 (Aggregate Numbers Only)

Flu Type	Number	Definition	
Influenza Like Illness (Respiratory Flu)		Any child with pneumonia or fever and any of the following symptoms: sore throat, cough, generalized body aches. <i>Vomiting and diarrhea alone is NOT respiratory flu.</i>	Strep Throat _____ Pink Eye (conjunctivitis) _____ Head Lice _____
Gastrointestinal Illness (Stomach Flu)		Any child with only vomiting and/or diarrhea.	Scarlet Fever _____ Hand, Foot & Mouth _____
Unknown "Flu"		Parent reports "my child has the flu" with no symptom information available.	Impetigo _____
Covid		Report Covid case numbers (staff and students), from all testing resources daily. Count a case only once, not each day of absence due to Covid. Exception: All positive results from tests conducted BY the school need to be reported on an individual basis to the Michigan Antigen Testing Results portal.	Mononucleosis _____ Fifth Disease _____

Section 3. Specific Information – Provide complete information below for all reported communicable diseases, including:

Chickenpox Haemophilus influenzae type B (HIB) Meningitis Measles	Mumps Pertussis (Whooping Cough) Rubella (German Measles)
--	--

Please report an unusual occurrence or outbreak of any disease or infection within 24 hours.

STUDENT NAME	ADDRESS	PHONE NUMBER	DATE OF BIRTH	GRADE/ CLASSROOM	DATE 1 ST ABSENT	DISEASE	DIAGNOSED BY: (Dr., parent, teacher, etc.)

