

**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) 768-1662, please include all occurrences on this form and fax to (517)-788-4256, email to [jchdschoolregister@co.jackson.mi.us](mailto:jchdschoolregister@co.jackson.mi.us) 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.<br><b><i>Vomiting and diarrhea alone is <u>NOT</u> respiratory flu.</i></b>   | Strep Throat _____<br>Pink Eye (conjunctivitis) _____<br>Head Lice _____ |
| Gastrointestinal Illness (Stomach Flu)   |        | Any child with only vomiting and/or diarrhea.  | Scarlet Fever _____<br>Fifth Disease _____                               |
| 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.<br><b>Exception:</b> All positive results from tests conducted <b>BY</b> the school need to be reported on an individual basis to the Michigan Antigen Testing Results portal. | Mononucleosis _____  |

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

|   |   |
|---|---|
| Chickenpox<br><i>Haemophilus influenzae type B (HIB)</i><br>Meningitis<br>Measles | Mumps<br>Pertussis (Whooping Cough)<br>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 <sup>ST</sup> ABSENT | DISEASE | DIAGNOSED BY:<br>(Dr., parent, teacher, etc.) |
|--------------|---------|--------------|---------------|------------------|-----------------------------|---------|---|
|              |         |              |               |                  |                             |         |   |
|              |         |              |               |                  |                             |         |   |

