

School Respiratory Illness Report Form Template

To report excessive influenza activity as defined below, call your local health department and fax this form

Report excessive influenza activity—defined as 5% of the student body (at least 10-15 children) being seen by a school nurse on a single day for influenza -like illness (fever >100 F and new onset sore throat or cough).

Facility Name		Date of Initial Report	
Address, Number, Street	City	State	Zip
Contact Person Name		Phone ()	
Type of Facility ___ School ___ Daycare ___ Other (please specify): _____		Special Ed? ___ Yes ___ No	

Facility information

Total number of children/students in the school: _____ Total number of staff in the school: _____

What are the business hours for the school/daycare facility? _____ AM/PM to _____ AM/PM

Is there an onsite healthcare worker (e.g., school nurse)? Yes ___ No ___

If yes, what is his/her schedule? _____

Date excessive influenza activity initially identified ____/____/____	Number of classrooms involved? _____ What grade(s)? _____ Total number of children in those classrooms _____ Overall student absenteeism rate for the school on this date: _____ What percent of absent students have ILI? _____ % _____ unknown
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- 1) How many STUDENTS have/had symptoms of illness while at school on the first day that excessive influenza was initially identified _____
- 2) How many STAFF have/had symptoms of illness while at school on the first day that excessive influenza activity was initially identified ? _____
- 3) What are the most common symptoms of illness? ___Fever ___ Cough ___Sore Throat ___ Headache ___ GI symptoms (nausea, vomiting, diarrhea)
- 4) Did the facility sent ill persons home? ___ Yes ___No ___Unknown
- 5) What control steps have been taken or recommended? (check all that apply)
 ___sent ill students/staff home ___screened classrooms for others ill
 ___ increased student education/posters ___ sent informational letters to home (**please attach copy**)
 ___monitored environmental cleaning ___ in-services for staff
 ___ Other: _____
- 6) Have flu vaccines been offered at the school this year? ___ Yes ___ No ___ Unknown
 If Yes, what type? ___ H1N1 ("swine" or "pandemic") ___ Seasonal

Reporter's name (print)	Reporter's signature	Date	Telephone Number ()
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Update Information (refax as requested by LHD)

Of those ill while at school, how many have a known laboratory/physician diagnosis? _____students _____staff
 What were the laboratory test results or physician diagnoses?

How many have been hospitalized? _____ students _____ staff

Has a school district supervising nurse visited the facility? _____

Influenza like illness on subsequent days (refax as requested by LHD)

Date	# of students seen by school nurse with ILI	% absenteeism	% absenteeism due to ILI(if known)