

COUNTY OF ORANGE HEALTH CARE AGENCY

PUBLIC HEALTH EPIDEMIOLOGY & ASSESSMENT

MAILING ADDRESS: P.O. Box 6128 Santa Ana, CA 92706-0128

TELEPHONE: (714) 834-8180 FAX: (714) 834-8196

School Report Form (Cluster(s) of Illness/Increased Absenteeism)

Please call Epidemiology immediately at 714-834-8180 if a large number of students in affected classroom(s) or other exposed groups are high-risk students. High-risk conditions by illness type and ADA calculation examples can be found on our website at: www.ochealthinfo.com/epi/schools
School District:

School Name:

School Bistrict.
Date of Report:// Student Enrollment: No. of Students Normally Absent:
Person Sending Report: Telephone #: Email:
TYPE OF ILLNESS:
□ Respiratory Illness (e.g. fever, cough , and/or sore throat) □ GI Illness (e.g. diarrhea and/or vomiting) ***Please report any reportable diseases (e.g., pertussis, meningitis) to Epidemiology as required using methods and time frames specified on the reportable disease list at www.ochealthinfo.com/epi . Criteria for reporting chickenpox outbreaks are listed on our website at: www.ochealthinfo.com/epi/schools ***
Common symptoms reported:
No. of students/staff hospitalized: No. of medical visits:
Diagnosis: Laboratory results:

TYPE OF REPORT:

Today's absenteeism:	Total no. of staff:
No. of high-risk* students/sta	ff:
om/group ill with similar illness, r	minimum of 5 ill) is/are located in: t(s)/activities
D	ate of first onset of illness// _
in exposed group(s):	
and the number of ill students in (each group (w/ similar symptoms)
	No. of high-risk* students/sta om/group ill with similar illness, r □ Team(s) □ Special even □ D n exposed group(s):