

## STUDENTS

**Policy Title: Reporting Form**

**Code No. 507.3E3**

Source: Iowa Department of Public Health (1997).

REPORT THE FOLLOWING DISEASES IMMEDIATELY BY TELEPHONE (1-800-362-2736)

Botulism	Poliomyelitis	Yellow Fever
Cholera	Rabies (Human)	Disease outbreaks of
Diphtheria	Rubella	any public health concern
Plague	Rubeola (measles)	

REPORT ALL OTHER DISEASES BELOW.

WEEK ENDING \_\_\_\_\_

See other side for list of reportable infectious diseases.

DISEASE	PATIENT	COUNTY OR CITY	DOB	SEX
	Name _____ Parent (If applicable)			
	Address _____			
	Attending Physician _____			
	Name _____ Parent (If applicable)			
	Address _____			
	Attending Physician _____			
	Name _____ Parent (If applicable)			
	Address _____			
	Attending Physician _____			
	Name _____ Parent (If applicable)			
	Address _____			
	Attending Physician _____			
	Name _____ Parent (If applicable)			
	Address _____			
	Attending Physician _____			

Reporting Physician, Hospital, or Other Authorized Person \_\_\_\_\_

Address \_\_\_\_\_

Remarks: \_\_\_\_\_

FOR SCHOOLS ONLY: Report over 10% absent only. Total enrollment: _____					
	Monday	Tuesday	Wednesday	Thursday	Friday
No. Absent					
% of Enrollment					
REPORT NUMBER OF CASES ONLY					
_____	Chickenpox	_____	Gastroenteritis		
_____	Erythema infectiosum (5 <sup>th</sup> Disease)	_____	Influenza-like illness (URI)		

Adopted March 14, 2005  
 Revised \_\_\_\_\_