

**COMMUNICABLE DISEASES**  
**(Reporting Form)**

**REPORT THE FOLLOWING DISEASES IMMEDIATELY BY TELEPHONE:**

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

REPORT ALL OTHER DISEASES BELOW.

Week Ending \_\_\_\_\_

DISEASE	PATIENT	COUNTY or CITY	DOB	SEX
	Name <span style="float: right;">Parent (If Applicable)</span>			
	Address			
	Attending Physician			
	Name <span style="float: right;">Parent (If Applicable)</span>			
	Address			
	Attending Physician			
	Name <span style="float: right;">Parent (If Applicable)</span>			
	Address			
	Attending Physician			
	Name <span style="float: right;">Parent (If Applicable)</span>			
	Address			
	Attending Physician			
	Name <span style="float: right;">Parent (If Applicable)</span>			
	Address			
	Attending Physician			

FILE: JHCC-AF

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 (5th Disease)      _____ Influenza-like illness (URI)					

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**Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.**

Implemented: 11/20/2000

Clinton School District #124, Clinton, Missouri