**Please complete this form as soon as a reportable individual case is identified, or a cluster or outbreak of any disease is suspected. Health Department staff will contact the person listed below to follow up on the report and obtain additional information.**

School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Student Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_

Completed by (name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number or email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Report Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Report of (please mark one): □ Individual Case □ Suspected Cluster or Outbreak**

(fill out **A** below) (fill out **B** or **C** below)

**A. Individual Case of:**

**□** Animal Bite **□** COVID-19 **□** Diphtheria

**□** Foodborne Illness **□** German Measles (Rubella) **□** Hepatitis, Viral

**□** Measles (Rubeola) **□** Meningitis, Bacterial **□** Mumps

**□** Pertussis (Whooping Cough) **□** Poliomyelitis (Polio) **□** STD/STI including HIV

**□** Smallpox **□** Tetanus (Lockjaw) **□** Tuberculosis (TB), Active

Person’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B.** **Suspected Outbreak or Cluster of COVID-19:**

**□** 3 or more cases in a cohort within 14 days

**C. Suspected Outbreak or Cluster, unknown illness, examples include:**

**□** ≥5 individuals with similar symptoms within 5 days in the same classroom

**□** ≥10% of the school’s student population absent with similar symptoms on any day

**□** ≥20% of the school’s student population absent (symptoms unknown) on any day

**□** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Symptoms:

**□** Fever with cough, or fever with sore throat **□** Vomiting and/or diarrhea **□** Rash **□** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **□** Unknown

Date symptoms/absenteeism first began: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Exposure Information:**

Date symptoms first began: \_\_\_\_\_\_\_\_\_\_ Last date on School Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade:\_\_\_\_\_\_ Classroom #:\_\_\_\_\_\_ Other Settings (e.g. sports, clubs): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnosing Medical Provider/Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Test Type (if known)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Close Contacts Identified? □ No □ Yes *(if Yes, complete and attach MCDH Covid-19 Tracking Form)***

**Please call (831) 755-4521 if you have questions about completing this form.**