



# Monterey County Health Department Communicable Disease Report Form 2018-2019 School Year

**Please consult the Monterey County Health Department’s *Guidelines for Reporting Illnesses in Educational and Daycare Settings* for guidance on when to report an individual case of illness and when to report a possible cluster/outbreak.**

**Complete and fax this form to the Health Department’s Epidemiology & Surveillance Unit at (831) 775-8046 or call the Epidemiology & Surveillance Unit at (831) 755-4698 as soon as an individual case is identified or a cluster 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**  
(only fill out A below)      (only fill out B below)

**A. Individual Case of:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Animal Bite              | <input type="checkbox"/> Diphtheria                      | <input type="checkbox"/> Foodborne Illness          |
| <input type="checkbox"/> German Measles (Rubella) | <input type="checkbox"/> Hepatitis                       | <input type="checkbox"/> Measles (Rubeola)          |
| <input type="checkbox"/> Meningitis, Bacterial    | <input type="checkbox"/> Mumps                           | <input type="checkbox"/> Pertussis (Whooping Cough) |
| <input type="checkbox"/> Poliomyelitis (Polio)    | <input type="checkbox"/> Sexually Transmitted Infections | <input type="checkbox"/> Smallpox                   |
| <input type="checkbox"/> Tetanus (Lockjaw)        | <input type="checkbox"/> Tuberculosis (TB), Active       |   |

Date symptoms first began: \_\_\_\_\_

**B. Suspected Outbreak or Cluster, 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:

- |  |   |                                  |
|--|---|----------------------------------|
| <input type="checkbox"/> Fever with cough, or fever with sore throat | <input type="checkbox"/> Vomiting and/or diarrhea | <input type="checkbox"/> Rash    |
| <input type="checkbox"/> Other: _____                                |   | <input type="checkbox"/> Unknown |

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

***Please call (831) 755-4698 if you have questions about completing this form.***

**FAX TO: Monterey County Health Department  
Epidemiology & Surveillance Unit at (831) 775-8046.**