



Skagit County Public Health

Jennifer Johnson, Director

Howard Leibrand, M.D., Health Officer

School Illness Absenteeism Report Form

When absenteeism due to illness is >10% please notify the Communicable Disease Department via fax (360-416-1515) or phone (360-416-1500)

SCHOOL INFORMATION:

School Name: _____ City: _____

School Level (check one): Elementary Middle High school Other: _____

Contact Name: _____ Phone: _____

ILLNESS ABSENTEEISM INFORMATION:

Please report the number of students absent (for at least half of the school day) due to illness. Also please remember to fill in the **TOTAL NUMBER** of students enrolled.

If a student was out due to a pre-scheduled medical/dental appointment please **do not** include them in the number of students out due to illness.

Please note you only have to report once per week if you have multiple days in a row of >10% absenteeism.

Date of excessive absence: ____/____/____

| Number of students ill | Total # of students enrolled |
|------------------------|------------------------------|
| | |

TYPE OF ILLNESS INFORMATION:

Please check all types of illness and symptoms below that are being reported to your school.

| Symptoms | ✓ |
|--------------------------------------|---|
| Fever ($\geq 100^{\circ}\text{F}$) | |
| Chills | |
| Body Aches | |
| Cough | |
| Nasal Congestion | |
| Chest Congestion | |
| Headache | |
| Sore Throat | |
| Vomiting | |
| Diarrhea | |

| Type of illness | ✓ | Number ill (if available) |
|-------------------------|---|---------------------------|
| Influenza (respiratory) | | |
| Pneumonia | | |
| Strep Throat | | |
| Mononucleosis | | |
| Colds | | |
| Sinus Infections | | |
| Chicken Pox | | |
| Stomach Virus | | |
| Pink Eye | | |
| Earache | | |

Other types of Illness or symptoms observed: _____

PLEASE RETURN TO COMMUNICABLE DISEASE VIA FAX OR PHONE
FAX: (360) 416-1515 PHONE: (360) 416-1500