



Skagit County Public Health

Jennifer Johnson, Interim 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