

School Respiratory Illness Report Form Template

To report excessive influenza activity as defined below, call your local health department and fax this form

Report excessive influenza activity—defined as 5% of the student body (at least 10-15 children) being seen by a school nurse on a single day for influenza -like illness (fever >100 F and new onset sore throat or cough).

Facility Name		Date of Initial Report	
Address, Number, Street	City	State	Zip
Contact Person Name		Phone ()	
Type of Facility <input type="checkbox"/> School <input type="checkbox"/> Daycare <input type="checkbox"/> Other (please specify): _____		Special Ed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Facility information

Total number of children/students in the school: _____ Total number of staff in the school: _____

What are the business hours for the school/daycare facility? _____AM/PM to _____AM/PM

Is there an onsite healthcare worker (e.g., school nurse)? Yes No

If yes, what is his/her schedule? _____

Date excessive influenza activity initially identified ____/____/____	Number of classrooms involved? _____ What grade(s)? _____ Total number of children in those classrooms _____ Overall student absenteeism rate for the school on this date: _____ What percent of absent students have ILI? _____% _____ unknown
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- 1) How many STUDENTS have/had symptoms of illness while at school on the first day that excessive influenza was initially identified _____
- 2) How many STAFF have/had symptoms of illness while at school on the first day that excessive influenza activity was initially identified ? _____
- 3) What are the most common symptoms of illness? Fever Cough Sore Throat Headache
 GI symptoms (nausea, vomiting, diarrhea)
- 4) Did the facility sent ill persons home? Yes No Unknown
- 5) What control steps have been taken or recommended? (check all that apply)
 sent ill students/staff home screened classrooms for others ill
 increased student education/posters sent informational letters to home (**please attach copy**)
 monitored environmental cleaning in-services for staff
 Other: _____
- 6) Have flu vaccines been offered at the school this year? Yes No Unknown
 If Yes, what type? H1N1 ("swine" or "pandemic") Seasonal

Reporter's name (print)	Reporter's signature	Date	Telephone Number ()
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Update Information (refax as requested by LHD)

Of those ill while at school, how many have a known laboratory/physician diagnosis? _____students _____staff
 What were the laboratory test results or physician diagnoses?

How many have been hospitalized? _____ students _____ staff

Has a school district supervising nurse visited the facility? _____

Influenza like illness on subsequent days (refax as requested by LHD)

Date	# of students seen by school nurse with ILI	% absenteeism	% absenteeism due to ILI(if known)

Template: Daily Influenza-Like Illness Surveillance
 Influenza like illness is defined as fever $\geq 100^{\circ}$ F and cough or sore throat

Please note: an electronic spreadsheet is also available for recording this information

School Name _____

Week ending _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Date					
Total School Enrollment					
Number Absent					
Number Absent with ILI (if known)					
% Absent with ILI					
Number Seen by School Nurse with ILI					
% Seen by School Nurse with ILI					

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Comments: