WEEKLY REPORT OF COMMUNICABLE DISEASES

Submit this report every Monday for the diseases seen the previous week.

COUNTY **Tazewell** **CITY** _____ **WEEK ENDING** _____

List below all reportable diseases, including chickenpox, and demographic information.

NAME	ADDRESS	PHONE	DATE OF BIRTH	AGE	SEX	DISEASE	ONSET DATE	DR CONFIRMED YES	DR CONFIRMED NO

Email to schoolreporting@tchd.net or fax to 309-925-2038

REPORTED BY (Name) _____ FACILITY/SCHOOL _____ DATE _____

Aug-20