

School Name					Reported By								Telephone					Report Date							
Total Number of Students in School					Number of Students Ill Today								Total Number of Staff					Number of Staff Ill Today							
Initials	Age	Gender	Grade	Room	Diarrhea	Bloody Stool	Abdominal Pain	Nausea	Vomiting	Temp	Headache	Sore Throat	Cough	Fatigue	Chills	Rash	Other, Specify	Other, Specify	Onset Date	Duration of Symptoms	Seen by MD	Hospitalized	Specimen Collected	Diagnosis or Test Results	
<i>Example: JD</i>	7	female	1	223	yes	unk	yes	yes	no	102.5	unk	unk	unk	unk	unk	unk	dizziness		9/1/12	4 days	yes	yes	yes		
1																									
2																									
3																									
4																									
5																									
6																									
7																									
8																									
9																									
10																									