



Public Health
Prevent. Promote. Protect.
Muskegon County

PUBLIC HEALTH – MUSKEGON COUNTY

Michigan School Building Weekly Report of Communicable Diseases to Local Health Department

Form 6311-01
Rev. 08/2025

Instructions: Fill in the blanks of this form as completely as possible and **submit by 12 p.m. on Friday.**

Email the form to: SchoolCDReporting@co.muskegon.mi.us or FAX it to: (231) 724-6487.

This form must be submitted weekly even if there are no diseases to report.

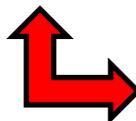
1 **Week Ending:** Friday, _____ **School or Daycare Name:** _____
(Please be consistent on each report)

Current Enrollment: _____ **Check if:** Pre-School Daycare Elementary Middle/Junior High High School
Other: _____

| 2 Total number of students this week with: | |
|---|---|
| | Total |
| Flu-Like Illness: | Fever plus any of the following symptoms: Sore throat, cough, aching in the back or limb muscles |
| Stomach Virus: | Diarrhea and/or vomiting |
| COVID-19 | Positive Test/Guardian Report |

5 **Serious/Rare Illnesses:**

| | |
|---|--------------------------|
| Measles | Mumps |
| Chickenpox | Pertussis/Whooping Cough |
| Encephalitis | Rubella |
| Hepatitis | Tuberculosis |
| Haemophilus Influenza B | Meningitis |
| Unusual occurrence / outbreak, Specify: _____ | |

 **Immediately call (231) 724-1220**

Date: _____
Spoke With: _____

3 **Total number of students this week with:**

Pink Eye: _____ Strep Throat: _____ Hand, Foot & Mouth: _____
Scabies: _____ Mononucleosis: _____ Fifth Disease: _____
Head Lice: _____ Scarlet Fever: _____

Other: _____ Specify: _____

4 **Check if:**

No Diseases To Report This Week
School Closed Due To Illness
School Closed Due To Holiday/Weather

6 **School Contact:**

Submitted by: _____
Phone: _____
Date: _____

According to PA 368 of 1978 as amended, the local health department shall be notified immediately of the occurrence of communicable disease.

For help with this form or if you experience trouble emailing or faxing the form, please call (231) 724-1200.