



**Public Health**  
Prevent. Promote. Protect.

Muskegon County

# PUBLIC HEALTH – MUSKEGON COUNTY

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

Form CD-01  
Rev. 08/2020

**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](mailto:SchoolCDReporting@co.muskegon.mi.us) or FAX it to: (231) 724-3596.

**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 | Definition  |
|--------------------------|-------|---|
| <b>Flu-Like Illness:</b> | _____ | Fever plus any of the following symptoms:<br>Sore throat, cough, aching in the back or limb muscles |
| <b>Stomach Virus:</b>    | _____ | Diarrhea and/or vomiting  |

**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

**5**

**Serious/Rare Illnesses:**

COVID-19

Mumps

Chickenpox

Pertussis/Whooping Cough

Encephalitis

Rubella

Hepatitis

Tuberculosis

Haemophilus Influenza B

Unusual occurrence /

Measles

outbreak, specify:

Meningitis



**Immediately call the Public Health Nurse at (231) 724-4723.**

Date: \_\_\_\_\_

Spoke With: \_\_\_\_\_

**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) 724-1238.**