

## \* Communicable Disease Report

School: \_\_\_\_\_

Person Reporting: \_\_\_\_\_

Month/Yr: \_\_\_\_\_ / \_\_\_\_\_

<u><i>Signs/Symptoms of</i></u>	<u><i>Number of Cases</i></u>
Chicken pox	_____
Conjunctivitis	_____
Flu-like symptoms	_____
GI symptoms (nausea/vomiting/diarrhea)	_____
Head lice	_____
Mononucleosis	_____
Pneumonia	_____
Scabies	_____
Staph Infections	_____
MRSA	_____
Strep/Scarlet Fever	_____
URI	_____
Other (List)	_____

***\*These are diseases reported by numbers only. Diseases listed in the Health Manual on II-2 MUST still be reported by phone to CCHD immediately. Attach a copy to your monthly report.***