

# ILLNESS OUTBREAK REPORT

To be completed and sent to the Superintendent's office  
when normal absenteeism is 15% or above.

Date      /      /     

Name of School \_\_\_\_\_

Contact Person \_\_\_\_\_

Total enrollment of your school

The date on which this outbreak apparently began      /      /     

Approximate number and percent of students absent on a  
Normal day for this time of year.

Approximate number and percent of students now absent  
With illness.

Please list the major symptoms being reported by students or staff:

- |          |          |
|----------|----------|
| 1) _____ | 2) _____ |
| 3) _____ | 4) _____ |
| 5) _____ | 6) _____ |

Check below the grade level most affected by the illness:

**Elementary:**

\_\_\_\_ Kdgn.    \_\_\_\_ Gr. 1    \_\_\_\_ Gr. 2    \_\_\_\_ Gr. 3    \_\_\_\_ Gr. 4    \_\_\_\_ Gr. 5

**Tiffin Middle School:**    \_\_\_\_ Gr. 6    \_\_\_\_ Gr. 7

**Tiffin Junior High School:**    \_\_\_\_ Gr. 8

**Columbian:**    \_\_\_\_ Gr. 9    \_\_\_\_ Gr. 10    \_\_\_\_ Gr. 11    \_\_\_\_ Gr. 12

**Staff:** \_\_\_\_\_

Illness characterized by: sudden onset, fever of over 101 degrees, headache, sore throat, cough, muscle aches, fatigue, vomiting.