

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.