

School Outbreak Report Form

Date of report:			
School name:			
Location:			
Contact person/phone number:			
Disease/complaint:			
First onset date:		Last onset date or ongoing:	
Seen by MD or MD diagnosed (n):			
Grade	# Kids affected	Total in Grade	% affected
Total			
# Teachers/staff affected		Total	% affected
Symptoms	#	Total cases	%
Lab tests		Results	
Recommendations made			