

**CASS COUNTY HEALTH DEPARTMENT
WEEKLY ADULT CARE FACILITY SURVEILLANCE PROGRAM**

Reporting site	Name of person completing report		Date of event
Telephone number	Number of residents	Number of staff	Date submitted

Directions: Please mark the number of cases seen in your facility in the columns below. Count each person in only one category. **IF YOU SEE OR BECOME AWARE OF ANY UNUSUAL ILLNESSES OR IF THERE IS AN INCREASE IN THE NUMBER OF A PARTICULAR ILLNESS, PLEASE CALL THE CASS COUNTY HEALTH DEPARTMENT AT 816-380-8441 AS SOON AS POSSIBLE.** Fax on Monday to 816-380-8443 or email dowlaa@lpha.dhss.mo.gov

CONDITIONS CARED FOR IN SCHOOL OR CALLED INTO SCHOOL	NUMBER OF CASES SEEN	NUMBER OF CASES CALLED IN
Respiratory illness (colds, bronchitis, sore throat, cough)		
Influenza – like illness (fever, body aches, cough, malaise)		
Gastrointestinal illness (nausea, vomiting, diarrhea, abdominal pain, “stomach flu”)		
Neurologic illness (headache, sensitivity to light, stiff neck with fever)		
Rash illness (non-specific rashes)		
Fever illness (fever from unknown cause)		
SPECIFIC ILLNESSES		
Animal bites		
Chicken pox/shingles		
Conjunctivitis (pink eye)		
Fifth disease		
Hand, Foot and Mouth disease		
Lice		
Mononucleosis		
Salmonella, shigella, E.coli		
Scabies		
Strep infections		
Vaccine preventable illnesses (measles, mumps, rubella, pertussis, HIB)		

Chicken pox reporting information					
Name	Address	DOB	Onset	DOV	Number of lesions

Any other unusual illnesses, patterns or comments

* DOV = Date of vaccination Number of lesions = < 50, 51-249,250-500, >500 Onset = date rash started