

**CASS COUNTY HEALTH DEPARTMENT  
WEEKLY SCHOOL DISTRICT SURVEILLANCE PROGRAM**

<b>Reporting site</b>	<b>Name of person completing report</b>		<b>Date of event</b>
<b>Telephone number</b>	<b>Number of students</b>	<b>Number of staff</b>	<b>Date submitted</b>

**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

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

<b>Chicken pox reporting information</b>					
<b>Name</b>	<b>Address</b>	<b>DOB</b>	<b>Onset</b>	<b>DOV</b>	<b>Number of lesions</b>

<b>Any other unusual illnesses, patterns or comments</b>

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