



## Communicable Disease Reporting Form for Schools and Child Care Facilities

**Vaccine preventable diseases are reportable at the time of suspicion.** Information in **bold** print must be submitted within **24 hours** of receipt of notification from a parent, guardian, or health care provider. Lab confirmation is not a requirement of reporting.

**Please fax completed form to Will County Health Department at 815-846-0957.**

**Disease Reporting:** \_\_\_\_\_ **Date of Report:** \_\_\_\_\_

**Name and Title of Person Reporting:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Facility Name:** \_\_\_\_\_ **School District:** \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**Facility Phone:** \_\_\_\_\_

**Student/Attendee's Name:** \_\_\_\_\_ **Grade/Classroom:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Parent/Guardian Name(s):** \_\_\_\_\_ **Contact Phone:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

Does this child have sibling(s) that attend the same school district/facility (if so, please list): \_\_\_\_\_

\_\_\_\_\_

Who reported absence/disease to school: \_\_\_\_\_ **Date Reported:** \_\_\_\_\_

**Date of symptom onset:** \_\_\_\_\_ **Symptoms/description of illness:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Name of physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*If available, please send a copy of vaccination records with this form.*

For questions or concerns, please call Communicable Disease & Epidemiology at 815-727-8481