



**COUNTY OF ORANGE  
HEALTH CARE AGENCY**

**PUBLIC HEALTH  
EPIDEMIOLOGY & ASSESSMENT (E&A)**

MAILING ADDRESS:

P.O. Box 6128

Santa Ana, CA 92706-0128

**Final Report for Increased School Absenteeism/Clusters**

Date of Report: \_\_\_\_\_

School District: \_\_\_\_\_ School Name: \_\_\_\_\_

Name of person sending the report: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Total # of staff: \_\_\_\_ Total # of ill staff: \_\_\_\_

Total # of students at the school (enrollment): \_\_\_\_ Total # of ill students: \_\_\_\_

Total # healthcare visits (students & staff): \_\_\_\_ Total # hospitalized (students & staff): \_\_\_\_

Total # of deaths (students/staff): \_\_\_\_ Date of first illnesses/increased absenteeism: \_\_/\_\_/\_\_

Date of last illnesses/increased absenteeism: \_\_/\_\_/\_\_ Age range of ill students: \_\_\_\_ to \_\_\_\_ yrs.

**Type of Illness being reported:**

Respiratory (e.g.: fever, cough, sore throat)  Dermatological (e.g.: rash) Describe: \_\_\_\_\_

GI Illness (e.g.: diarrhea and/or vomiting)  Other Describe: \_\_\_\_\_

Common symptoms reported: \_\_\_\_\_

Total # of laboratory confirmed cases \_\_\_\_ Laboratory findings: \_\_\_\_\_

**Commonalities among the ill students, if any:**

Classroom (s): \_\_\_\_\_

Grade(s): \_\_\_\_\_

Special event(s) or activities Describe: \_\_\_\_\_

Team(s): Describe \_\_\_\_\_

For the affected grade/classroom etc. with the highest % of absent student on a single day, please provide # of ill students (must have similar symptoms): \_\_\_\_ and the # of students enrolled in this grade/classroom etc.: \_\_\_\_

Comments:

**Please Fax Information to 714-834-8196.** For questions, please call 714-834-8180

*Revised 9/29/2009*