



**COUNTY OF ORANGE
HEALTH CARE AGENCY**

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

MAILING ADDRESS:

P.O. Box 6128

Santa Ana, CA 92706-0128

Intake Form for Increased School Absenteeism

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): ____ Normal # of absent students per day: ____

Today's absenteeism : ____ Yesterday's absenteeism ____

Date of first illnesses/increased absenteeism: __/__/____

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: _____

Students or staff members were hospitalized as a result of illness Total # hospitalized _____

Laboratory testing was completed on ill individual(s) Results: _____

Commonalities among the ill students, if any:

Classroom (s): _____

Grade(s): _____

Special event(s) or activities Describe: _____

Team(s): Describe _____

Comments:

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