



**COUNTY OF ORANGE
HEALTH CARE AGENCY**

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

MAILING ADDRESS:

P.O. Box 6128

Santa Ana, CA 92706-0128

Intake Report Form for School Clusters

Date of Report: _____

School District: _____ School Name: _____

Name of person sending the report: _____ Telephone #: _____

Email Address: _____ Number of staff: _____ Number of ill staff: _____

Total # of students at the school (enrollment): _____ Normal # of absent students per day: _____

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: _____

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

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

Clusters of illness were observed in (check all that apply):

Classroom (s) Grade(s) Team(s): Describe _____

Special event(s)/activities: Describe _____

Date of First Illness onset: __/__/____

Please provide the total number of students in each group affected and the total number of ill students in each group (with similar symptoms)

Comments:

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