



**COUNTY OF ORANGE
HEALTH CARE AGENCY**

MAILING ADDRESS:
P.O. Box 6128
Santa Ana, CA 92706-0128

**PUBLIC HEALTH
EPIDEMIOLOGY & ASSESSMENT**

TELEPHONE: (714) 834-8180
FAX: (714) 834-8196

Weekly Updates of School Clusters

Date of Report: _____ School District: _____

School Name: _____ Name of person sending the report: _____

Telephone #: _____ Email Address: _____

Total # of students at the school (enrollment): _____ Number of staff: _____ Number of ill staff: _____

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

- Classroom (s) Grade(s) Team(s) Special event(s)/activities:

Common symptoms reported: _____

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

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

Please list requested information by group affected (classroom, grade, team, or event). Include one line for each classroom, grade, etc., and a separate line for each day. Record information for the two days prior to the first increase in absences

Date	Group affected (classroom grade, etc)	Total # of students in affected group (ill & non-ill)	# of student absences	# of students sent home for illness

Comments:

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