



**COUNTY OF ORANGE  
HEALTH CARE AGENCY  
PUBLIC HEALTH  
EPIDEMIOLOGY & ASSESSMENT**

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

TELEPHONE: (714) 834-8180  
FAX: (714) 564-4050

**School Report Form (Cluster(s) of Illness/Increased Absenteeism)**

Please call Epidemiology immediately at 714-834-8180 if a large number of students in affected classroom(s) or other exposed groups are high-risk students. High-risk conditions by illness type and ADA calculation examples can be found on our website at: [www.ochealthinfo.com/phs/about/dcepi/epi/schools](http://www.ochealthinfo.com/phs/about/dcepi/epi/schools)

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

Date of Report: \_\_/\_\_/\_\_\_\_ Student Enrollment: \_\_\_\_\_ No. of Students Normally Absent: \_\_\_\_\_

Person Sending Report: \_\_\_\_\_ Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

**TYPE OF ILLNESS:**

**Respiratory Illness** (e.g. fever, cough, and/or sore throat)  **GI Illness** (e.g. diarrhea and/or vomiting)  
\*\*\*Please report any reportable diseases (e.g., pertussis, meningitis) to Epidemiology as required using methods and time frames specified on the reportable disease list at [www.ochealthinfo.com/phs/about/dcepi/epi](http://www.ochealthinfo.com/phs/about/dcepi/epi). Criteria for reporting chickenpox outbreaks are listed on our website at: [www.ochealthinfo.com/phs/about/dcepi/epi/schools](http://www.ochealthinfo.com/phs/about/dcepi/epi/schools) \*\*\*

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

No. of students/staff hospitalized: \_\_\_\_\_ No. of medical visits: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Laboratory results: \_\_\_\_\_

**TYPE OF REPORT:**

**School absenteeism exceeding 10% of average daily attendance (ADA)\***  
Yesterday's absenteeism: \_\_\_\_\_ Today's absenteeism: \_\_\_\_\_ Total no. of staff: \_\_\_\_\_

Total no. of staff out ill: \_\_\_\_\_ No. of high-risk\* students/staff: \_\_\_\_\_

**Cluster(s) of illness** (20% of classroom/group ill with similar illness, minimum of 5 ill) is/are located in:  
 Classroom(s)  Grade(s)  Team(s)  Special event(s)/activities

Describe group(s) affected: \_\_\_\_\_ Date of first onset of illness \_\_/\_\_/\_\_\_\_

No. of high-risk\* students/staff in exposed group(s): \_\_\_\_\_

Please list each group affected and the number of ill students in each group (w/ similar symptoms)

\_\_\_\_\_

Please list each group affected and the total number of students in each group (ill & non-ill)

\_\_\_\_\_

\_\_\_\_\_