

OUTBREAK WORK SHEET FOR SCHOOL/DAYCARE SETTINGS

Fax completed report form and worksheet to Morbidity at (888) 397-3778



Acute Communicable Disease Control Program
313 N. Figueroa St., Rm. 212, Los Angeles, CA 90012
213-240-7941 (phone) 213-482-4856 (facsimile)
www.publichealth.lacounty.gov/acd/

School/Daycare Name: _____ Contact Person/Phone No.: _____

Outbreak Number: _____

Student/Staff identification			Student/Staff location		Illness Description														Diagnostics				Outcome			
Student/Staff Name	Date of birth or Age	Sex (M/F)	Classroom or Office #	Grade	Date onset illness	Highest temperature (°F)*	Vomiting (Y/N)	Nausea (Y/N)	Diarrhea (Y/N)**	Abdominal Cramps (Y/N)	Body Aches (Y/N)	Chills (Y/N)	Cough (Y/N)	Runny Nose (Y/N)	Sore throat (Y/N)	Rash (Y/N)	Other (Y/N) _____	Other (Y/N) _____	Date recovered	Doctor visit (Y/N)	Specimen collected (Y/N)	Specimen Type (Stool, Blood, NP, Other)	Diagnosis/Lab Result	Hospitalized (Y/N)	Days hospitalized	Died (Y/N, if yes, date)
1	LName, FName																									
	Phone Number																									
2	LName, FName																									
	Phone Number																									
3	LName, FName																									
	Phone Number																									
4	LName, FName																									
	Phone Number																									
5	LName, FName																									
	Phone Number																									
6	LName, FName																									
	Phone Number																									

*Highest temperature: measured oral, under armpit or rectal

**Diarrhea: 3 or more loose/runny stools per 24 hour period