**SCHOOL/DAY CARE WEEKLY REPORT OF DISEASES**

**By Number of Cases**

|  |  |
| --- | --- |
| **Disease** | **Total Number****Cases for****Week** |
| **Chickenpox** |  |
| **Pink Eye (*conjunctivitis)*** |  |
| **Fifth disease** |  |
| **Impetigo** |  |
| **Infectious Mononucleosis** |  |
| **Head Lice (*pediculosis)*** |  |
| **Pneumonia** |  |
| **Scabies** |  |
| **Streptococcal Infections: *Scarlet Fever*** |  |
|  ***Strep Throat*** |  |
| **Ringworm of the Scalp *(Tinea Capitis)*** |  |
|  ***(Tinea Corporis)*** |  |
| **Hand Foot & Mouth**  |  |
| **Diarrhea *(abnormal or frequent loose stools)*** |  |
| **Other: *(Specify)*** |  |

**Date (for week ending) Friday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Classroom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of teacher reporting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email form to Health Coordinator or turn form in to Health Coordinator’s mail box in the Walker Building weekly.** 7/22/15 MH