

### SCHOOL ABSENTEEISM DUE TO ILLNESS FORM (Form A)

**Directions:** Complete this form whenever attendance records indicate **greater than 10% absenteeism due to illness** in the school population, or when there is an apparent increase in the number of ill students and/or staff from the same classroom or other grouping e.g. school clubs or teams.

*Fill out as much information as possible. If you are unable to complete a field, please indicate so on the form (do not leave blank).*

*Thank you.*

Questions? Call (\_\_\_\_) \_\_\_\_-\_\_\_\_ and ask for the CDC Nurse On-Call. When completed, fax to: (\_\_\_\_) \_\_\_\_-\_\_\_\_, Attn: Nurse On-Call

Name of School: \_\_\_\_\_ Name of Principal: \_\_\_\_\_

Contact Number: \_\_\_\_\_

*Please circle appropriate category (i.e., class, grade or school)*

Total number of Students absent DUE TO ILLNESS today: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Class Grade School

Total number of Students who attend class/grade/school: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Class Grade School

Total number of Staff absent DUE TO ILLNESS today: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Class Grade School

Total number of Staff who work in this class/grade/school: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Class Grade School

Form Completed By: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Public Health Nurse (if different than Completed by): \_\_\_\_\_ Contact number: \_\_\_\_\_

	Name (if staff, place * after name)	Phone	Grade/Division	Sex	Symptoms (Y/N/Unk)												Date back to school
					Date of onset	Cough	Diarrhea	Fever	Headache	Muscle aches	Nausea	Rash	Runny nose	Sore throat	Vomiting	Other	
1																	
2																	
3																	
4																	
5																	
6																	
7																	

