



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 numb | er of ill stu | dents | and/or staff f | rom t | he sa | me cl | assrc | om o | othe | r group | oing e | .g. scl | hool clu | ubs 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). | | | | | | | | | | | | | | | | |
| | | | | | ık you | | | | | | | | | | | |
| Questions? Call () | and ask fo | or the | CDC Nurse C | n-Ca | all. V | /hen ₀ | comp | leted, | fax to | o: (| _) | | , A | Attn: Nurse On- | Call | |
| | | | | | | | | | | | | | | | | |
| Name of School: | | | | | N | lame | of Pr | incipa | al: | | | | | | | |
| Contact Number: | | | | | | | | | | | | | | | | |
| Please circle appropriate category (i.e., cl | lass, grade | or sc | rhool) | | | | | | | | | | | | | |
| Total number of Students absent DUE | TO ILLNES | SS to | day:/ | | | | | | | | | | | | | |
| Total mount on all Otto lands only a strong land | 11 | - / 1 | Class | Grade | Sch | nool | | | | | | | | | | |
| Total number of Students who attend of | :iass/grad | e/scn | OOI:// | Frade | _/ Scho | nol | | | | | | | | | | |
| Total number of Staff absent DUE TO II | LLNESS to | oday: | 1 | 1 | | | | | | | | | | | | |
| | | _ | Class Gra | | Schoo | I | | | | | | | | | | |
| Total number of Staff who work in this | ciass/grad | ae/sci | nooi: Class | / Grad | /_ de | Schoo | ol | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Form Completed By: | | | | | _ | | | Date | e: | | | | | | | |
| Name of Public Health Nurse (if differen | t than Com | nnlete | d by)• | | | | | | Con | tact nu | ımhe | r· | | | | |
| Traine of Fubile Fleath Nurse (if differen | t triari Con | ipicio | u by) | | | | | | 0011 | tact III | IIIIDC | '· | | | | |
| | | | Symptoms (Y/N/Unk) | | | | | | | | | | | | | |
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| ne ne | ivis | × | <u>_</u> | _ | Œ | | Je | | ~ | | se | oat | D _I | | o c | |
| Phone | Grade/Division | Sex | Date of onset | Cough | Diarrhea | Fever | leadache | Muscle aches | Nausea | Rash | Runny nose | Sore throat | Vomiting | Other | Date back to school | |
| Name | irad | | Dat | ပိ | Diar | Fe | leac | Mu | Naı | S. | uur | ore | /or | ŏ | Date | |
| (if staff, place * after name) | ٥ | | | | _ | | Ι. | | | | R | Š | | | _ | |
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| | Phone | r. | | Symptoms (Y/N/Unk) | | | | | | | | | | | Canada V5Z 4C2 | |
|--|-------|----------------|-----|--------------------|-------|----------|-------|----------|-----------------|--------|------|------------|-------------|----------|----------------|------------------------|
| Name (if staff, place * after name) | | Grade/Division | Sex | Date of onset | Cough | Diarrhea | Fever | Headache | Muscle aches | Nausea | Rash | Runny nose | Sore throat | Vomiting | Other | Date back to school |
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^{*}Please attach additional sheets if necessary.