School Health Line List 2010

created 8/13/2009 Epidemiology Program MMB

Date: _____

Facility Name: _____

Reporter: _____

Phone number: _____

Epidemiology Program fax: **595-6268**

Please put a check mark ✓by all that applies

Last Name, First Name	Parent/Guardian name and phone number	Doctor name & phone number	DOB	M/F	Grade	Room # or Activity (band, football etc)	Onset Date	*Fever*	*Chills*	*Cough*	*Sore throat*	*Congestion*	*Headache*	*Runny nose*	*Body/Muscle Aches*	*Nausea*	*Vomiting*	*Diarrhea*	*Abdominal Cramps*	*Trouble breathing*	*Rash*	*Lice/Scabies put L/S*	*Fully Vaccinated?*	*Testing for disease?*

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