

Water Recreation Facility Illness Report Form



Reporting Requirement: The owner or operator **MUST** report any illness associated with a water recreation facility to their local health department (preferred) or the state Department of Health within 48 hours (RCW 70.90, WAC 246-260, and WAC 246-262). Illness, in this case, means a communicable disease associated with the water recreation facility.

- Local Health Departments: www.doh.wa.gov/localhealth
- State Department of Health: www.doh.wa.gov/watersafetycontact or 1-877-485-7316

Name of Facility: _____ **Facility Phone:** () -
Facility Address: _____ **County:** _____
Ill Person's Name: _____ **Ill Person's Phone:** () -
Ill Person's Address: _____ **Ill Person's Age:** _____ Years

Ill Person's Gender: Female Male Unknown Other

Date when the facility staff became aware of the illness: / /

Date of illness onset (if known): / /

Date when the ill person used the facility: / /

Implicated location of exposure to the disease (check all that apply):

- Swimming Pool Spa Wading Pool Spray Pad Pool Deck Restrooms/Shower rooms
 Locker/changing rooms Other:

Symptoms (check all that apply):

- Rash Eye/Ear infection Respiratory Gastrointestinal Other:

Has the ill person seen a physician?

- Yes No Unknown

Are there any other individuals affected by the same illness/similar symptoms?

- Yes No Unknown

Any other helpful information: