



## SCHOOL ILLNESS REPORT FORM

When absenteeism due to unexpected illness is >10% of the student population, please notify Hollianne Bruce via fax 425.339.8726 or email [hollianne.bruce@co.snohomish.wa.us](mailto:hollianne.bruce@co.snohomish.wa.us)

**SCHOOL INFORMATION:**

School name: \_\_\_\_\_ City: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

**ILLNESS ABSENTEEISM INFORMATION:**

Please report the number of students absent (for at least half of the school day) due to unexpected illness. Also please remember to fill in the TOTAL NUMBER of students enrolled.

If a student was out due to a pre-scheduled medical/dental appointment please do not include them in the number of students out due to illness.

Please note you only need to report **once per week** if you have multiple days in a row of >10% absenteeism.

Date of excessive absence:

Number of students ill	Total number of students enrolled

**TYPE OF ILLNESS INFORMATION:**

Please check all types of illness and symptoms that have been reported to your school.

Symptoms	✓	Type of illness	✓	Number ill (if available)
Fever (≥100°F)	<input type="checkbox"/>	COVID-19	<input type="checkbox"/>	
Body aches	<input type="checkbox"/>	Influenza (respiratory)	<input type="checkbox"/>	
Cough	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	
Nasal congestion	<input type="checkbox"/>	Strep throat	<input type="checkbox"/>	
Chest congestion	<input type="checkbox"/>	Mononucleosis	<input type="checkbox"/>	
Headache	<input type="checkbox"/>	Colds	<input type="checkbox"/>	
Sore throat	<input type="checkbox"/>	Chicken pox	<input type="checkbox"/>	
Vomiting	<input type="checkbox"/>	Stomach virus	<input type="checkbox"/>	

**PLEASE RETURN TO HOLLIANNE BRUCE VIA FAX OR EMAIL**  
**FAX: (425) 339-8726**  
**EMAIL: [hollianne.bruce@co.snohomish.wa.us](mailto:hollianne.bruce@co.snohomish.wa.us)**