



## Island County Public Health

Communicable Disease Program

### School Absenteeism Form (Report if >10% absent due to illness)

**When absenteeism due to unexpected illness is greater than 10% of the student population, please notify Jen Krenz via email at [j.krenz@islandcountywa.gov](mailto:j.krenz@islandcountywa.gov), phone at 360-914-0037, or fax 360-221-8480.**

#### 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 (≥100.4°F)		COVID-19		
Body aches		Influenza or Influenza-like illness		
Cough		Pneumonia		
Nasal congestion		Strep throat		
Chest congestion		Mononucleosis		
Headache		Colds		
Sore throat		Chicken pox		
Vomiting		Stomach virus		
Other:		Unknown/Other:		