

**Washoe County Health District (WCHD)
 Outbreak Reporting Form – Daily Updates (Completed by Reporting Facilities)
 For ILI/CLI Illness Outbreaks Only**

School Name _____ Fax # _____ Phone # _____ Today's Date: ___/___/___ Teacher's Name(s) _____ Grade _____
 Total Enrollment _____ # Daily Attendance _____ # Staff _____ Total Class Enrollment _____ # Daily Class Attendance _____ # Class Staff _____

Include on the list all NEW staff ill with CLI/ILI symptoms; do not include students or staff previously reported as part of this outbreak. Please complete form and fax DAILY to the Health Department at 328-3764.

#	Last Name	First Name	DOB	Sex (circle)	Staff or Student (circle)	Class Rooms	Home Phone	Symptom Onset Date or 1st Date Sent Home (whichever is 1st)	Symptoms (Circle all that apply) See codes below	Physician Seen? If yes, name or facility.	Hospitalized?	Comments
1				M F	Staff Student				FF DB C SMT CH H D V ST CS F NC O COV	Yes No Unknown	Yes No	
2				M F	Staff Student				FF DB C SMT CH H D V ST CS F NC O COV	Yes No Unknown	Yes No	
3				M F	Staff Student				FF DB C SMT CH H D V ST CS F NC O COV	Yes No Unknown	Yes No	
4				M F	Staff Student				FF DB C SMT CH H D V ST CS F NC O COV	Yes No Unknown	Yes No	
5				M F	Staff Student				FF DB C SMT CH H D V ST CS F NC O COV	Yes No Unknown	Yes No	
6				M F	Staff Student				FF DB C SMT CH H D V ST CS F NC O COV	Yes No Unknown	Yes No	
7				M F	Staff Student				FF DB C SMT CH H D V ST CS F NC O COV	Yes No Unknown	Yes No	
8				M F	Staff Student				FF DB C SMT CH H D V ST CS F NC O COV	Yes No Unknown	Yes No	
9				M F	Staff Student				FF DB C SMT CH H D V ST CS F NC O COV	Yes No Unknown	Yes No	
10				M F	Staff Student				FF DB C SMT CH H D V ST CS F NC O COV	Yes No Unknown	Yes No	

Symptom Codes: List A: One (1) or more of the following symptoms is CLI: List B: Two (2) or more of the following symptoms is CLI:

FF=**Fever** (≥ 100.4°\38°C at rest)
 DB=**Difficult Breathing**, like shortness of breath or wheezing
 C=**Cough** (New onset or worsening of chronic cough)
 SMT = New loss of **Smell or Taste**

Contact with Someone with COVID-19?
 COV = Student has been in close contact with a person who has tested positive for COVID-19.

CH = **Chills** and/or muscle aches
 H= **Headache**
 D=**Diarrhea** (≥ 3 loose stools within 24 hr)
 V= **Vomiting** and/or **Nausea** (or stomach ache)
 ST = **Sore Throat**
 CS = **Cold/Shivering**
 F= **Fatigue**
 NC=**Nasal Congestion**
 O=Other

PLEASE CHECK HERE IF NO NEW ILLNESSES REPORTED TODAY?