



Fax completed worksheet to ACDC at 213-202-5999

Acute Communicable Disease Control Program  
 313 N. Figueroa St., Rm. 212, Los Angeles, CA 90012  
 213-240-7941 (phone) 213-482-4856 (facsimile)  
 www.lapublichealth.lacounty.gov

School/Daycare Name: \_\_\_\_\_ Contact Person/Phone No.: \_\_\_\_\_

Outbreak Number: \_\_\_\_\_

Student/Staff identification			Student/Staff location		Illness Description													Diagnostics			Outcome						
Student/Staff Name	Date of birth or Age	Sex (M/F)	Classroom or Office #	Grade	Date onset illness	Highest temperature (°F)*	Vomiting (Y/N)	Nausea (Y/N)	Diarrhea (Y/N)**	Abdominal Cramps (Y/N)	Body Aches (Y/N)	Chills (Y/N)	Cough (Y/N)	Runny Nose (Y/N)	Sore throat (Y/N)	Rash (Y/N)	Other (Y/N) _____	Other (Y/N) _____	Date recovered	Doctor visit (Y/N)	Specimen collected (Y/N)	Specimen Type (Stool, Blood, NP, Other)	Diagnosis/Lab Result	Hospitalized (Y/N)	Days hospitalized	Died (Y/N, if yes, date)	
1	LName, FName Phone Number																										
2	LName, FName Phone Number																										
3	LName, FName Phone Number																										
4	LName, FName Phone Number																										
5	LName, FName Phone Number																										
6	LName, FName Phone Number																										

\*Highest temperature: measured oral, under armpit or rectal

\*\*Diarrhea: 3 or more loose/runny stools per 24 hour period