

# Board Policy

Code No. 507.3E2

## REPORTABLE INFECTIOUS DISEASES

**The following infectious disease reports are required to be filed with the county and state public health offices by each school.**

*Approved: August 6, 2012*

*Reapproved:*

*Revised: November 5, 2012*



**Scott County Public Health**  
 Welcome, Roxanne Schmortmann, *District Administrator*  
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### Daily Disease Entry

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Report Date:   Mark as Inservice / No School

District: Bettendorf Community School District

School:

Total Students:

Students Absent:

| Aug 2012 |    |    |    |    |    |    |
|----------|----|----|----|----|----|----|
| S        | M  | T  | W  | T  | F  | S  |
|          |    |    |    | 1  | 2  | 3  |
| 5        | 6  | 7  | 8  | 9  | 10 | 11 |
| 12       | 13 | 14 | 15 | 16 | 17 | 18 |
| 19       | 20 | 21 | 22 | 23 | 24 | 25 |
| 26       | 27 | 28 | 29 | 30 | 31 |    |

#### Common Illness

|                      |                                |                    |                                |                    |                                |                 |                                |                   |                                |
|----------------------|--------------------------------|--------------------|--------------------------------|--------------------|--------------------------------|-----------------|--------------------------------|-------------------|--------------------------------|
| Asthma               | <input type="text" value="0"/> | Fever              | <input type="text" value="0"/> | Influenza Symptoms | <input type="text" value="0"/> | Pneumonia       | <input type="text" value="0"/> | Scabies           | <input type="text" value="0"/> |
| Chicken Pox          | <input type="text" value="0"/> | Gastroenteritis    | <input type="text" value="0"/> | Meningitis, Viral  | <input type="text" value="0"/> | Rash            | <input type="text" value="0"/> | Shingles          | <input type="text" value="0"/> |
| Conjunctiv(Pink eye) | <input type="text" value="0"/> | Hand, Foot & Mouth | <input type="text" value="0"/> | Mononucleosis      | <input type="text" value="0"/> | Rheumatic Fever | <input type="text" value="0"/> | Streptococcal     | <input type="text" value="0"/> |
| 5th Disease          | <input type="text" value="0"/> | Impetigo           | <input type="text" value="0"/> | Pediculosis        | <input type="text" value="0"/> | Ringworm        | <input type="text" value="0"/> | Upper Respiratory | <input type="text" value="0"/> |

#### Rare-Reportable Diseases (Report by Phone to (563) 326-8618)

|                 |                                |             |                                |                       |                                |            |                                |              |                                |
|-----------------|--------------------------------|-------------|--------------------------------|-----------------------|--------------------------------|------------|--------------------------------|--------------|--------------------------------|
| Campylobacter   | <input type="text" value="0"/> | Giardia     | <input type="text" value="0"/> | Lyme Disease          | <input type="text" value="0"/> | Pertussis  | <input type="text" value="0"/> | Shigella     | <input type="text" value="0"/> |
| Cryptosporidium | <input type="text" value="0"/> | Hepatitis A | <input type="text" value="0"/> | Measles               | <input type="text" value="0"/> | Rubella    | <input type="text" value="0"/> | Tuberculosis | <input type="text" value="0"/> |
| E. Coli         | <input type="text" value="0"/> | Hepatitis B | <input type="text" value="0"/> | Meningitis, Bacterial | <input type="text" value="0"/> | Salmonella | <input type="text" value="0"/> | West Nile    | <input type="text" value="0"/> |
| Encephalitis    | <input type="text" value="0"/> | Hepatitis C | <input type="text" value="0"/> | Mumps                 | <input type="text" value="0"/> | SARS       | <input type="text" value="0"/> |              |                                |

[Reset Form](#)

## Iowa School Absenteeism Report Iowa Department of Public Health

Report 10% or more of total enrollment absent on any given day

*Please submit one report for each building affected.*

|                          |             |   |                             |
|--------------------------|-------------|---|-----------------------------|
| School name:             |             | Grades affected (circle or choose from drop-down menu): |                             |
|                          |             | <input type="checkbox"/> K                              | <input type="checkbox"/> 3  |
|                          |             | <input type="checkbox"/> 1                              | <input type="checkbox"/> 4  |
|                          |             | <input type="checkbox"/> 2                              | <input type="checkbox"/> 5  |
|                          |             | <input type="checkbox"/> 6                              | <input type="checkbox"/> 7  |
|                          |             | <input type="checkbox"/> 8                              | <input type="checkbox"/> 9  |
|                          |             | <input type="checkbox"/> 10                             | <input type="checkbox"/> 11 |
|                          |             | <input type="checkbox"/> All grades affected            |                             |
| City:                    |             | County:   |                             |
| Phone:                   |             | Fax:  |                             |
| Name of Reporter:        |             | Email address:  |                             |
| Total School Enrollment: | No. Absent: | Date:   |                             |

**Choosing from the symptoms listed below please indicate the five most common that are associated with absences at your school, if known:**

- |  |                                     |                                   |
|--|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Cough                 | <input type="checkbox"/> Earache    | <input type="checkbox"/> Vomiting |
| <input type="checkbox"/> Runny nose            | <input type="checkbox"/> Body aches | <input type="checkbox"/> Nausea   |
| <input type="checkbox"/> Stomach ache          | <input type="checkbox"/> Fever      | <input type="checkbox"/> Diarrhea |
| <input type="checkbox"/> Itchy, irritated eyes | <input type="checkbox"/> Chills     | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Sore throat           | <input type="checkbox"/> Headache   | _____                             |

Please fax completed form to the IDPH Center for Acute Disease Epidemiology at (515) 281-5698 or through the Disease Reporting Hotline (800) 362-2736.