

SCHOOL SURVEILLANCE – REPORTABLE DISEASES

This form is to be filled out on a monthly basis and sent to your local Northwestern Health Unit office. You are required to report this information under the authority of the *Health Protection and Promotion Act, Part IV, Section 28* and *Ontario Regulation 490/85*.

Please report any cases of Chicken Pox directly by phone to your local Public Health Nurse.

School: _____

Community: _____

Month: _____

Pupil's Name: _____ Date of Birth: _____

Parent/Guardian: _____

Phone Number: _____ Disease: _____

Pupil's Name: _____ Date of Birth: _____

Parent/Guardian: _____

Phone Number: _____ Disease: _____

Pupil's Name: _____ Date of Birth: _____

Parent/Guardian: _____

Phone Number: _____ Disease: _____

Pupil's Name: _____ Date of Birth: _____

Parent/Guardian: _____

Phone Number: _____ Disease: _____

Pupil's Name: _____ Date of Birth: _____

Parent/Guardian: _____

Phone Number: _____ Disease: _____

Signature of School Personnel: _____ Date: _____