



When absenteeism due to unexpected illness is >10% of the student population, please notify Hollianne Bruce via fax (425.339.8726) or email (hbruce@snohd.org)

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 have to report **once per week** if you have multiple days in a row of >10% absenteeism.

Date/week 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°F)		COVID-19		
Body aches		Influenza (respiratory)		
Cough		Pneumonia		
Nasal congestion		Strep throat		
Chest congestion		Mononucleosis		
Headache		Colds		
Sore throat		Chicken pox		
Vomiting		Stomach virus		
Diarrhea		Pink eye		

PLEASE RETURN TO HOLLIANNE BRUCE VIA FAX OR EMAIL

FAX: (425) 339-8706

EMAIL: hbruce@snohd.org