

Student Illness Absenteeism Form

If absentee rate exceeds 15% of student population, classroom, or grade due to similar symptoms, please fax this form to: Waukesha County Public Health Division at: (262) 896-8387

Waukesha County

Date of report:_	School:		
Person reporting:Contact phone number:			
Are you reportin	ng excessive absenteeism in (please sele	ect one): Schoo	l Population Classroom Grade
Total number of	students: Number abs	sent due to similar il	lness:
Percent absent:			
Is school working	g with public health currently regarding	this absenteeism re	port? (please select one): Yes No
If yes, who is ass	igned Public Health contact:		
	COVID-19 Positive Test Flu-Like Illness or Fever Respiratory Illness (NO Fever) GI Illness (Nausea, Vomiting, Diarrhea) Other Illness (Please Specify in Notes)	Percentage:	Please Note: Please fax this form when absentee rate exceeds 15% of student population, classroom, or grade due to similar symptoms. Place number of students absent next to the primary reason for missing school and percentage will auto calculate An illness absence is an absence that occurs when a parent or guardian reports that the student is out of school due to illness. A student who misses any part of a school day due to illness is counted as one absence (not a half absence). A child that is self-quarantining does not count as an illness absence
Symptoms of COVID-19 for reference:			Questions? Contact: Waukesha County
Fever (temperature ≥100.0F or subjective report), Chills, Cough, Shortness of Breath or Difficulty Breathing, Fatigue, Muscle or Body Aches, Myalgias, Headache, New Loss of Taste or Smell, Sore Throat, Congestion or Runny Nose, Nausea or Vomiting, Diarrhea			Public Health 514 Riverview Ave Waukesha, WI 53188 Phone: 262-896-8430 Fax: 262-896-8387