

School & Childcare Disease Reporting Instructions

Updated 02.28.2025



Oakland County Health Division


Communicable Disease Unit

248-858-1286

cd@oakgov.com


<https://forms.people.health/250264763247964> (Bookmark this site!)

- Enter password provided by OCHD (email cd@oakgov.com to register)



This form is password protected.

Please enter the password to view and fill out this form.



Continue

- Re-enter same password as first screen to access the reporting form:

School and Daycare Communicable Disease Report

This form is now serving as the PRIMARY form for collecting communicable disease data. Thank you for submitting the weekly communicable disease report for your school or daycare. Your continued effort in reporting communicable diseases in schools and daycares is very important to the health of Oakland County.

If you have not received a password, please reach out to OCHD's Communicable Disease Unit.

Email: cd@oakgov.com or Phone: (248) 858-1286

Please enter the password to access the form. *

- In the first dropdown, **public schools will choose their District. All others will choose Non-Public, Charter, Early Learning, or Charter School.**
- In the second dropdown choose building/program
- If you do not see your building in the 2nd dropdown or would like it reclassified in a different category/district, contact OCHD at cd@oakgov.com / 248-858-1286

District and School/Daycare *

Avondale ▼

Auburn Elementary School ▼

Non-Public

Charter (Public)


Early Learning

Technical School

- Click Week Ending date you are reporting for (will always be a Friday)
- Enter total current school enrollment number

Weekly Illness Report

Week Ending: *

MM-DD-YYYY 

Current School Enrollment Number: *

e.g., 23

- If there were no students out ill for the week you are reporting, or there was no school, click No new diseases to report this week.
- Fill in total number of **illness-related absences** this week. If a child was out more than one day, count each day as a separate absence.

Check this box if you have no cases to report this week.

☐

No new diseases to report this week.

Total Number of Illness-Related Absences This Week: *

e.g., 23

- For the next section, fill in number of students reported absent for each type of illness, as reported by parent/guardian. **Please contact the OCHD Communicable Disease unit if you are unsure how to classify an illness/symptom.**

Here are some examples:

- **Gastro-Intestinal (stomach)** – nausea, vomiting, diarrhea, upset stomach, stomachache, “food poisoning” with no specified organism, “stomach flu”
- **Strep throat, Influenza, COVID19, RSV, Pneumonia** are specific diagnoses that a parent/guardian may report
- **Flu-like/Other respiratory illness** – cough, sore throat, stuffy nose, nasal congestion, sneezing – with no specific disease/pathogen reported
- **Rash Illnesses** – any rash with no specific disease/pathogen
- **Other/Unspecified Illnesses** – fever, headache, muscle ache, tired, general “doesn’t feel good”, any symptom that does not fit in one of the categories above

Total Number of Illness-Related Absences This Week:

e.g., 23

Number of Gastro-Intestinal (Stomach) Illnesses:

e.g., 23

Number of Strep Throat Illnesses:

e.g., 23

Number of Confirmed Influenza Cases:

e.g., 23

Number of COVID-19 Cases:

e.g., 23

Number of Rash Illnesses:

e.g., 23

Number of RSV Illnesses:

e.g., 23

Number of Pneumonia Illnesses:

e.g., 23

Number of Flu-Like/Other Respiratory Illnesses:

e.g., 23

Is your school closed due to illness? *

☐ Yes

☐ No

OCHD does not generally make the decision to close a school outside of an official Public Health Order, however we are happy to consult regarding infection control measures when there is widespread illness.

Individual Illness Report

Please report any individuals with these illnesses: Measles, Mumps, Rubella, Pertussis (whooping cough), Haemophilus influenza Type B (HiB), Meningitis (bacterial and viral), Encephalitis, Hepatitis, Tuberculosis, or Chickenpox.

Do you have any individual illnesses to report? *

☐ Yes

☐ No

Student Name

- Please include all requested information so OCHD CD unit can follow up with parent/guardian and provider: (see next slide)
 - Disease (drop down menu): measles, mumps, rubella, pertussis, HiB, meningitis, encephalitis, hepatitis, tuberculosis, chickenpox
 - Student name, date of birth, name of disease, address, parent/guardian name/phone
- ❖ It is helpful also to give us a call so we can respond quickly, especially in cases where contact tracing, post-exposure medications/vaccines, and/or school exclusions may be recommended.

Do you have any individual illnesses to report? *

☐ Yes

☐ No

Student Name

DOB

Phone

Address

Disease

List Any Other Disease

Date of First Absence

Grade

Parent/Guardian Name

Parent/Guardian Phone Number

Who Identified Disease

[+Click here to add another individual illness](#)

Your name & contact info:

Submitted By: *

<input type="text"/>	<input type="text"/>
Submitter First Name	Submitter Last Name

Phone Number *

Please enter a valid phone number.

Email *

example@example.com

Additional Comments

Questions?

Contact OCHD's Communicable Disease Unit

cd@oakgov.com

248-858-1286

Or

UCHD Communicable Disease Chief, Christie Clement-Halladay

clementhalladayc@oakgov.com

248-858-8991



HEALTH DIVISION

North Oakland Health Center

1200 N. Telegraph Rd
Pontiac, MI 48341
Phone: 248.858.1280

South Oakland Health Center

27725 Greenfield Rd
Southfield, MI 48076
Phone: 248.424.7000

NURSE ON CALL PUBLIC HEALTH INFORMATION

800.848.5533 NOC@OAKGOV.COM

OAKGOV.COM/HEALTH



@PUBLICHEALTHOC



DAVID COULTER
OAKLAND COUNTY EXECUTIVE

The Oakland County Health Division will not deny participation in its programs based on race, sex, religion, national origin, age or disability. State and federal eligibility requirements apply for certain programs.