CLEAR FORM

Chelan-Douglas Health District

200 Valley Mall Parkway, East Wenatchee, WA 98802

2026-27 SCHOOL YEAR

≥10% SCHOOL ILLNESS ABSENTEEISM REPORT FORM

One Form Per School Please

TODAYS DATE:	**SCHOOL:**
Person Completing Form: ☐ School RN ☐ Other _____	
First and Last Name:	
Phone #:	Fax #:

DATE OF ≥ 10% ABSENTEEISM	GRADES	TOTAL # OF STUDENTS IN SCHOOL	TOTAL # OF ILL STUDENTS	# ILL ÷ TOTAL # STUDENTS = % ILL

Check all categories that apply for the school you are reporting on.

RESPIRATORY SYMPTOMS	
COVID confirmed	
COVID related	
Fever >100	
Cough	
Sore throat	
Chills	
Body aches	
Runny nose	
Chest congestion	
Difficulty breathing	
Fatigue	
# out due to resp. illness=	

GI SYMPTOMS	
Nausea	
Vomiting	
Diarrhea	
Fever	
# out due to GI Illness=	

OTHER ILLNESSES	
Strep throat	
Mononucleosis	
Sinus infections	
Chicken pox	
Stomach virus	
Pink eye	
Rash illness	
Other:	
# out=	

Additional Information regarding absenteeism (e.g., particular grade or classroom affected, or other event affecting attendance such as vacations, field trips, etc.):

Please email to: cd-epi@cdhd.wa.gov by clicking on 'Submit' down below or via fax at: 509-886-6478

Questions? Dial 509-886-6400 and ask to speak with the CD-Epi team

Submit