



**08/01/2025 MEMO**

**TO: HURON COUNTY SCHOOLS**

**FROM: Kristian McCallen, MPH, Epidemiologist/Emergency Planner**

**RE: School Absentee Surveillance**

**CC: Tim Hollinger, MPH, Health Commissioner**

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Huron County Schools,

This is a reminder to start completing your online school absentee surveillance tracking when school begins. We use the information provided to detect possible adverse public health events in our community, specifically those affecting our youth. This school absentee surveillance is more important than ever as we deal with the increase in vaccine hesitancy and federal changes. We would like to say thank you to all the schools that are already participating in our student absentee tracking and encourage those not participating to start this school year.

The link to the school absentee surveillance form is [www.huroncohealth.com/school-absenteesurveillance](http://www.huroncohealth.com/school-absenteesurveillance); click on the School Data Entry button. You should be directed to a SurveyMonkey survey. Please be sure to complete all applicable fields and click the "done" button at the end of the survey to submit your response. This survey should be completed each day when students are attending school in-person. Additional instructions and a paper form to be used for tracking can be found attached to this memo.

For any questions, please call or email me at 567-244-3269/ [kmccallen@huroncohealth.com](mailto:kmccallen@huroncohealth.com).

Thank you for your participation!



Today's Date is: \_\_\_\_\_

School Name: \_\_\_\_\_

### Student Population Counts:

Total **Student** Population: \_\_\_\_\_

# of **Students** Called in Sick: \_\_\_\_\_

# of **Students** Sent Home Sick: \_\_\_\_\_

### Student Symptoms:

<b>Gastrointestinal:</b> _____ Diarrhea _____ Food Poisoning _____ Stomach Flu _____ Stomach Pain _____ Vomiting _____ Nausea	<b>Respiratory:</b> _____ Cold _____ Cough _____ Respiratory Flu _____ Sinus _____ Sore Throat _____ Shortness or Breath or Difficulty Breathing _____ <i>Confirmed</i> COVID-19	<b>Neurological:</b> _____ Headache/Migraine _____ Passed Out _____ Seizure _____ Stiff Neck _____ New Loss of Taste or Smell
<b>Rash:</b> _____ Chicken Pox _____ Scabies _____ Other Rash	<b>Constitutional:</b> _____ Fever _____ Chills _____ Muscle/Body Aches/Pains _____ Fatigue	<b>General:</b> _____ Asthma/Allergies _____ Pink Eye _____ Runny Nose or Congestion _____ Strep Throat _____ Ear Infection _____ Unknown

### Staff Absenteeism:

Total **Staff** Population: \_\_\_\_\_

# of **Staff** Called in Sick: \_\_\_\_\_

# of **Staff** Off – *Confirmed* COVID-19: \_\_\_\_\_

### Comments: