**Huron County School Absentee Surveillance**

**Today’s Date is:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **School Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Total Student Population:** |  | **Students called in sick:** |  | **Students sent home sick:** |
|  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Gastrointestinal** | |  | **Respiratory** | |  | **Neurological** | |
| \_\_\_\_\_\_\_\_\_ | Diarrhea |  | \_\_\_\_\_\_\_\_\_ | Cold |  | \_\_\_\_\_\_\_\_\_ | Headache-Migraine | |
| \_\_\_\_\_\_\_\_\_ | Food Poisoning |  | \_\_\_\_\_\_\_\_\_ | Cough |  | \_\_\_\_\_\_\_\_\_ | Passed Out | |
| \_\_\_\_\_\_\_\_\_ | Stomach Flu |  | \_\_\_\_\_\_\_\_\_ | Respiratory Flu |  | \_\_\_\_\_\_\_\_\_ | Seizure | |
| \_\_\_\_\_\_\_\_\_ | Stomach Pain |  | \_\_\_\_\_\_\_\_\_ | Sinus |  | \_\_\_\_\_\_\_\_\_ | Stiff Neck | |
| \_\_\_\_\_\_\_\_\_ | Vomiting |  | \_\_\_\_\_\_\_\_\_ | Sore Throat |  |  |  | |
|  |  |  |  |  |  |  |  | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Rash** | |  | **Constitutional** | |  | **General** | |
| \_\_\_\_\_\_\_\_\_ | Chicken pox |  | \_\_\_\_\_\_\_\_\_ | Fever |  | \_\_\_\_\_\_\_\_\_ | Asthma- Allergies |
| \_\_\_\_\_\_\_\_\_ | Scabies |  | \_\_\_\_\_\_\_\_\_ | Muscle-Body Pains |  | \_\_\_\_\_\_\_\_\_ | Pink Eye |
| \_\_\_\_\_\_\_\_\_ | Other rash |  |  |  |  | \_\_\_\_\_\_\_\_\_ | Unknown |
|  |  |  |  |  |  |  |  |

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| --- |
| **Comments:** |

**Huron County School Absentee Surveillance**

Instructions for Submitting Data to Huron County Public Health

**Daily Data Collection:**

1. Every day use the laminated form and a dry erase marker to tally the number of students that call in absent each day.
2. Write in *Today’s Date*.
3. Write in the *School Name*.
4. Write in the *Total Student Population* for the school.
5. As students are called in sick, use tally marks to record the number in the *Students called in sick* box.
6. If students are sent home, use tally marks to record the number in the *Students sent home sick* box.
7. Have parents describe to you or on the school’s absenteeism phone line/ voicemail a few of the symptoms of those students sick. Use tally marks to record each symptom described.

**IMPORTANT NOTE:** A student may have multiple symptoms in a single category or multiple symptoms in multiple categories, both are appropriate, so please **record all symptoms** reported in whichever category/categories they appear.

**End of Day Data Entry:**

1. At the end of the day open the internet.
2. Click on the Huron *County School Absentee Surveillance* shortcut on your internet browser or type the following web-address into a web browser: [www.huroncohealth.com/school-absentee-surveillance](http://www.huroncohealth.com/school-absentee-surveillance)
3. Click on the *School Data Entry* button. You should be directed to a SurveyMonkey survey.
4. Select what *school district* you are reporting for. Click *Next*.
5. Select what *school* you are reporting for. Click *Next*.

NOTE: If your school or school district is not an option please select *Other* and type the school name/district into the box provided. Your school/school district will be added to the available options.

1. Enter the total student population.
2. Enter the total number of tally marks recorded for the number of students called in sick and the number of students sent home sick.
3. Enter the total number of tally marks recorded for each symptom.
4. Use the comment box to type in additional details about unknown illnesses, or to clarify entries. **Please DO NOT use student names, ages, or specific items/conditions etc. that could be used as identifiers.**
5. When all entries are completed click *Next*.
6. A page will appear confirming that all answers have been submitted. Data entry is now complete. Exit out of the browser.

**IMPORTANT NOTE:** If school is closed or not in session, NO DATA should be entered for that date(s).

**For questions, please contact Melissa Caranfa at** [**mcaranfa@huroncohealth.com**](mailto:mcaranfa@huroncohealth.com) **or 419-668-1652 ext. 269.**