Iowa School Absenteeism Report Iowa Department of Public Health

Report 10% or more of total enrollment absent on any given day

Please submit one report for each building affected.

School name:			rades K 1 2	s affected (circles affected (le or choos	se from dro 7 8 9 10	op-down menu) 11 12 All gr affected		
City: Count		County:	nty:						
Phone: Fax		Fax:	-ax:						
Name of Reporter: Emai		Email add	ail address:						
Total School Enrollment:	No.	Absent:	D	ate:					
Choosing from the symptoms listed below please indicate the five most common that are associated with absences at your school, if known:									
Cough Runny nose Stomach ache Itchy, irritated eyes Sore throat			Bod Fev Chil				Vomiting Nausea Diarrhea Other		

Please fax completed form to the IDPH Center for Acute Disease Epidemiology at (515) 281-5698 or through the Disease Reporting Hotline (800) 362-2736.