

School Pertusis Reporting Form



Please report suspected cases of pertussis by filling out this form.

Fax to (253) 798-7666

Today's Date: ___/___/___

School Name:	School District:
Reporters Name:	Reporters Phone:
Student's Name:	DOB: ___/___/___
Teacher's Name:	Grade:
Contact Information of healthcare provider who made diagnosis:	Contact Phone:

Pertussis immunization dates (please enter dates **or** fax Certificate of Immunization Status form)

DTaP dates ___/___/___ ___/___/___ ___/___/___ ___/___/___ ___/___/___

Tdap date ___/___/___

No pertussis doses received

Reason not vaccinated: Parent refusal Other: _____

Was the child excluded from school or child care until after 5 days of antibiotics? Yes No Partially

Did child attend school while having symptoms of pertussis? Yes No

Last date child attended school while having symptoms of pertussis: ___/___/___

Are there any activities that may be high risk (choir, team sports with close contact or travel, etc)?
