

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
RISK MANAGEMENT DEPARTMENT
ASTON HENRY, DIRECTOR

COMMUNICABLE DISEASE REPORTING FORM (EMPLOYEE)

REPORTED TO BROWARD COUNTY HEALTH DEPT. (BCHD):

Date: _____

Time: _____

By: _____

BCHD PERSONNEL RECEIVING INFORMATION:

Name: _____

Time: _____

SBBC INFORMATION:

Person Reporting: Name _____ Phone _____

Employee Name: _____

Employee's School / Department: _____

Date of Birth: _____

Position: _____

Employee phone number (work): _____

Employee phone number (home): _____

Emergency Contact: _____

Hospital (if applicable): _____

Physician Name: _____ Phone _____

SIGNS/SYMPTOMS REPORTED: _____

PRESUMED DIAGNOSIS REPORTED: _____

RECOMMENDATIONS FROM BCHD: _____
