

**Missouri Department of Health and Senior Services
Division of Community and Public Health
Bureau of Communicable Disease Control and Prevention
Influenza Outbreak/School Closure Information Form**

School Name: _____

City: _____ **Zip Code:** _____

County: _____

Date(s) Closed: _____

Date School is projected to re-open (if known): _____

Enrollment: _____

Number Absent: _____ **OR Percent Absent** _____

Grades/Buildings Involved: _____

Symptoms: (Check symptom manifestation of illness)

Fever _____ **Headache** _____ **Cough** _____

Runny Nose _____ **Sore Throat** _____ **Muscle Aches** _____

Other: _____

**Missouri Department of Health and Senior Services
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