



Maricopa County

ABSENTEE / RESPIRATORY ILLNESS REPORT FORM PUBLIC SCHOOLS

SCHOOL DISTRICT:					
SCHOOL NAME:					
TOTAL ENROLLMENT AT SCHOOL:					
	NUMBER OF STUDENTS ABSENT	NUMBER ABSENT FOR RESPIRATORY ILLNESS* AND A TEMPERATURE	NUMBER ABSENT FOR OTHER KNOWN REASONS	NUMBER ABSENT FOR UNKNOWN REASONS	COMMENTS
Friday, May 01, 2009					
Monday, May 04, 2009					
Tuesday, May 05, 2009					
Wednesday, May 06, 2009					
Thursday, May 07, 2009					
Friday, May 08, 2009					
Monday, May 11, 2009					
Tuesday, May 12, 2009					
Wednesday, May 13, 2009					
Thursday, May 14, 2009					
Friday, May 15, 2009					
Monday, May 18, 2009					
Tuesday, May 19, 2009					
Wednesday, May 20, 2009					
Thursday, May 21, 2009					
Friday, May 22, 2009					
Tuesday, May 26, 2009					
Wednesday, May 27, 2009					
Thursday, May 28, 2009					
Friday, May 29, 2009					
Monday, June 01, 2009					
Tuesday, June 02, 2009					
Wednesday, June 03, 2009					
Thursday, June 04, 2009					
Friday, June 05, 2009					

* RESPIRATORY SYMPTOMS MAY INCLUDE COUGH, COLD, RUNNY NOSE, SORE THROAT

PLEASE FAX OR E-MAIL THIS FORM NO LATER THAN NOON EACH DAY TO YOUR DISTRICT SUPERVISOR