



Vaccine Preventable Disease
Student/Daycare Attendee Form

Date:	Time:	Taken By:		Disease:	
Case Name:			Orpheus #:		DOB:
Onset Date:	Vaccine UTD: <input type="checkbox"/> Yes <input type="checkbox"/> No		# of School Days Missed:		
School/Daycare Name:			# of Staff:	# of Students:	
Student Vaccination Information:					
Student Vaccination %:		Fully:		Partially:	Unvaccinated:
# of Exemptions:		Medical:		Non-medical:	Other:
Other Exemptions (i.e., incomplete records, no information):					
Staff/Student Pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes:</i>					
# of Pregnant Staff:		1 st trimester:		2 nd trimester:	3 rd trimester:
# of Pregnant Students:		1 st trimester:		2 nd trimester:	3 rd trimester:
Exposure to pregnant students or staff: <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, nature and duration?					
Infants on Site: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes:</i> Exposure to infants? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>If yes, nature and duration?</i>					
Other "at Risk" Individuals: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes:</i> Exposure to other "at-risk" individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<i>If yes, nature and duration?</i>					
Define "at-risk" population (s):					
NOTES:					
SUMMARY					
Groups Exposed: <input type="checkbox"/> Close Friends <input type="checkbox"/> Classroom <input type="checkbox"/> Entire School / Daycare <input type="checkbox"/> Other:					
# of Exposed Stats:					
# of Exposed Children:		# of Children Excluded:			
# of Exposed Susceptible Children:		# of children who vaccinated in lieu of exclusion:			
# of Unvaccinated Children:		# of children who did not vaccinate and stayed home:			
# of Partially Vaccinated Children:		# of Children who faced "rollover" exclusions:			
Total number of days each child was excluded:					



Extracurricular Activity Name:								
Frequency of Activity:		# of Participants:						
Contact with pregnant participants or staff? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes:								
# of Pregnant participants:		=	1 st trimester		2 nd trimester		3 rd trimester	
# of Pregnant staff:		=	1 st trimester		2 nd trimester		3 rd trimester	
Nature and duration of exposure?								
Contact with infants during activity? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, nature and duration of the exposure?								
Other "at-risk" population(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, nature and duration of the exposure?								
NOTES:								
Extracurricular Activity Name:								
Frequency of Activity:		# of Participants:						
Contact with pregnant participants or staff? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes:								
# of Pregnant participant:		=	1 st trimester		2 nd trimester		3 rd trimester	
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If yes, nature and duration of the exposure?								
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# of Pregnant participant:		=	1 st trimester		2 nd trimester		3 rd trimester	
# of Pregnant staff:		=	1 st trimester		2 nd trimester		3 rd trimester	
Nature and duration of exposure?								
Contact with infants during activity? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, nature and duration of the exposure?								
Other "at-risk" population(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, nature and duration of the exposure?								
NOTES:								