**Hand, Foot, Mouth Disease Daycare/School Form**

**Name of Daycare/School:**

**Address of Daycare/School:**

**Point of Contact**

* Name:
* Position:
* Email:
* Phone Number:

**General Demographics of daycare/school**

* Age Range:
* Number of children:
* Number of staff:
* Do staff float to other schools?

**How many sick children?**

**How many sick staff?**

**Are the sick children all in one classroom, team, or group?**

**If not, are they linked in any way?**

**Onset of first child to become sick?**

**Onset of most recent child to become sick?**

**What symptoms are they experiencing?**

**Any diagnosed by a provider?**

**Any Hospitalizations?**

**What is your daycare/school doing to contain the spread?**

**Has licensing been notified (if this is a daycare)?**

**Please fax or email this form to Sonoma County Disease Control.**

FAX: 707-565-4565

Email: phnurse@sonoma-county.org