**Measles Line listing for School:** Students Staff

*(fever ≥101 F, plus at least one of the 3 “Cs” (cough, coryza or conjunctivitis) and a descending rash that starts on the face)*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name:** | **Room #** | **DOB** | **Rash Onset Date:** | **Date last at school:** | **Symptoms** | **Measles Vaccine? (Y or N)** | **Symptoms verified by MD?**  **(Y or N)** | **Tested?**  **(Y or N)** |
|  | *Anna Smith*  *(EXAMPLE)* | *4B* | *11/12/2013* | *3/04/08* | *4/05/2017* | *Rash, Fever* | *Y* | *N* | *N* |
| **1** |  |  |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |  |  |

**Fax (707-565-4565) or email (**[**phnurse@sonoma-county.org**](mailto:phnurse@sonoma-county.org)**) at the start of the outbreak and if/when there are new cases.**