Reportable Waterborne Illness Form – Public Pool

Fax or send this document to the Tulare County Environmental Health Office within 24 hrs:

Reporting Requirement: If two or more *lifeguards* or *pool users* report within **5 days** of each other that they have had diarrhea, the pool operator shall report this to the enforcing agent.

Section 65541, Title 22, CCR, DIVISION 4. Please keep all forms for at least 2 years.

"Pool User" means a person using a public pool or ancillary facilities for the purpose of participating in or watching pool users engaged in water activities such as diving, swimming or wading.

Site Name:	**(Environmental Health Office Use):** **Program Record No. _____**
Address, City, State and Zip Code:	*When responding to external request for entire or partial sections of this document, determine whether redaction is required for HIPPA compliance.*
Owner:	
Pool Operator: **Telephone No.**	

Name of Reportedly Ill Individual (A):	**Contact Information:**	**(Check one): _____ Lifeguard _____ Pool User** **Diagnosed By Medical Professional:** **(Check one): _____ Yes _____ No**

Have you been swimming in the past 14 days? (Check one): _____ Yes_____ No If yes, where:

Have you consumed foods and/or drinks from food establishments or common events within the past 72 hours? (Check one): _____ Yes _____ No

If yes, where:_____

Did you drink any well water in the past 72 hours? _____ Yes _____ No If yes, where:

Did you visit a daycare facility or nursing home in the past 72 hours? (Check one): _____ Yes_____ No If yes, where:

Name of Reportedly Ill Individual (B):	**Contact Information:**	**(Check one): _____ Lifeguard _____ Pool User** **Diagnosed By Medical Professional:** **(Check one): _____ Yes _____ No**

Have you been swimming in the past 14 days? (Check one): _____ Yes _____ No If yes, where:

Have you consumed foods and/or drinks from food establishments or common events within the past 72 hours? (Check one): _____ Yes _____ No

If yes, where:

Did you drink any well water in the past 72 hours? _____ Yes _____ No If yes, where:

Did you visit a daycare facility or nursing home in the past 72 hours? (Check one): _____ Yes___ __ No If yes, where:

Comments: