

# Reportable Waterborne Illness Form – Public Pool

*Contra Costa County Environmental Health Division, 2120 Diamond Blvd. Ste. 200, Concord, CA. 94520, (925) 692-2500, [www.cchealth.org/eh](http://www.cchealth.org/eh)*

**FAX, SEND, OR EMAIL THIS DOCUMENT TO CONTRA COSTA ENVIRONMENTAL HEALTH WITHIN 24 HRS.**

- (925) 692-2502 (fax)
- 2120 Diamond Blvd. Ste. 200, Concord, CA. 94520
- [lino.ancheta@hsd.cccounty.us](mailto:lino.ancheta@hsd.cccounty.us) (email)

KEEP ALL FORMS & RECORDS FOR AT LEAST 2 YEARS

Need Assistance? If help is needed in completing this form, call Contra Costa Environmental Health Division at (925) 692-2500 and ask for your district health inspector.

- ❖ **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.**
- ❖ **“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.

<b>Site Name:</b>		<b>Program Record No. (Environmental Health Office Use):</b>	
<b>Street Address, City, State and Zip Code:</b>		When responding to external request for entire or partial sections of this document, determine whether redaction is required for HIPPA compliance.	
<b>Owner:</b>	<b>Pool Operator:</b>	<b>Telephone No.</b>	
<b>Name of Reportedly Ill Individual (A):</b>	<b>Contact Information:</b>	(Check one): <input type="checkbox"/> Lifeguard <input type="checkbox"/> Pool User	
		<b>Microbiological exposure</b> (viruses, bacteria, protozoans including amoebae or fungi): (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>Chemical exposure :</b> (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been swimming in the past 14 days? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____		<b>Diagnosed By Medical Professional:</b> (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you consumed foods and/or drinks from food establishments or common events within the past 72 hours? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
Did you drink any well water in the past 72 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
Did you visit a daycare facility or nursing home in the past 72 hours? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
<b>Name of Reportedly Ill Individual (B):</b>	<b>Contact Information:</b>	(Check one): <input type="checkbox"/> Lifeguard <input type="checkbox"/> Pool User	
		<b>Microbiological exposure</b> (viruses, bacteria, protozoans including amoebae or fungi): (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>Chemical exposure :</b> (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been swimming in the past 14 days? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____		<b>Diagnosed By Medical Professional:</b> (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you consumed foods and/or drinks from food establishments or common events within the past 72 hours? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
Did you drink any well water in the past 72 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
Did you visit a daycare facility or nursing home in the past 72 hours? (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where _____			
<b>(For additional individuals, provide a continuation sheet)</b>			
<b>Comments:</b> _____			