

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

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 (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.

Site Name:		Program Record No. (Environmental Health Office Use):	
Street 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:		

Name of Reportedly Ill Individual (A):	Contact Information:	(Check one): <input type="checkbox"/> Lifeguard <input type="checkbox"/> Pool User
		Microbiological exposure (viruses, bacteria, protozoans including amoebae or fungi): (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
		Chemical exposure : (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 _____		Diagnosed By Medical Professional: (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 _____		

Name of Reportedly Ill Individual (B):	Contact Information:	(Check one): <input type="checkbox"/> Lifeguard <input type="checkbox"/> Pool User
		Microbiological exposure (viruses, bacteria, protozoans including amoebae or fungi): (Check one): <input type="checkbox"/> Yes <input type="checkbox"/> No
		Chemical exposure : (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 _____		Diagnosed By Medical Professional: (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 _____		

(For additional individuals, provide a continuation sheet)

Comments: _____