

General Shelter Surveillance Summary Form

Each shelter should fill out the form daily and fax it by 9:00 AM to your local health department at _____. If you do not have access to a fax machine, call your local health department at _____ with the information. Your local health department will forward this information to the state health department to monitor health status locally and statewide.

***NOTE: The purpose of this form is to help the local health department assess the general health of people in the shelter. The form is NOT used to request supplies, materials, staff, or transportation. Contact your local emergency management office for these types of requests.**

Directions:

- 1.If there is a medical emergency at your shelter, **IMMEDIATELY CALL 911.**
2. Identify the Reporting Person for this shelter. This should be the person who may be contacted at the shelter and can provide information regarding the shelter.
3. Please provide the number of people in your shelter. Make sure that you report the number of people in your shelter in the 24 hour reporting period. Please provide the number of people in your shelter that appear to be less than 7 years of age.
4. The number of persons who had a health complaint and were counted in the Symptom/Condition sections of this report should be entered in “**This report represents a total number of _____ ill persons**” on the form.
5. Please count the total number of people with each condition; one person may have multiple conditions. For example, a person who has been vomiting and has pink eye would be counted on each of those lines.
6. Please complete each section of the form. If there are no people complaining of a particular condition, please put in a zero for that line.
7. At the bottom of the page, please note if you have additional public health comments or concerns.
8. If you have any questions, please call your local health department for assistance.

Thank you



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Address for Local Health Department: _____ **Phone:** _____ **Fax Daily by 9:00 AM to:** _____

Reporting Person: Name: _____ Title: _____

Shelter/Reporting Facility/Address: _____

Shelter Phone #: _____ **Shelter Fax #:** _____

For the last 24 hour reporting period: Time/Date _____ **to** _____ **how many people were here?** _____
 (Taken at _____ AM PM)

Of these, how many appear less than 7 years of age? _____

This report represents a total number of _____ ill persons.

Symptom/Condition Category	Total Number of Individuals with Complaint Within the Last 24 Hours
<i>Section 1. Infections and Disease Potential</i>	
Fever or feverishness	
Of those with fever, how many had diarrhea	
Of those with fever, how many had vomiting?	
Of those with fever, how many had either a cough or sore throat or both?	
Of those with fever, how many had a rash?	
Of those with fever, how many had a severe headache or stiff neck or both?	
Diarrhea (withouth fever)	
Vomiting(without fever)	
Coughing, difficulty with breathing, sore throat (not chronic conditions or smoker's cough) (without fever)	
Sores, boils, draining wounds, serious skin rash, blisters (without fever)	
Scabies, Lice, or other infestation or ringworm or fungal infections	
Jaundice (yellowing of the skin or eyes)	
Conjunctivitis (Pink Eye)	
<i>Section 2. Injury/Other</i>	
Self-Inflicted Injury Please describe under comments section	
Assault Related Injury. Please describe under comments section	
Accidents. Please describe under comments section	
Heat related injury or dehydration . Please describe under comments section	

Total # of individuals referred to a medical facility for any medical concerns within the past 24 hours? _____

Have any deaths occurred in your shelter within the past 24 hours? Yes No

If yes, number of deaths in past 24 hours: _____

Have any physical fights occurred among teen or adults within the past 24 hours? Yes No

If yes, the number of people involved: _____

Additional Public Health Comments or Concerns (use additional pages if more space is needed): _____