*Each school day, when the percentage of total students absent is 10 % or higher, please complete this form and send to Public Health at* *cdpcnurse.avh@avdha.nshealth.ca* *by 10 am.*

**School Information:**

|  |  |
| --- | --- |
| **Name of School** | Name of school |
| **Regional Centre for Education** | RCE |
| **Contact Name** | Contact Name |
| **Telephone #** | Telephone # |
| **Total # of Students** | Total # of students |
| **Total # of Staff** | Total # of staff |

**Absenteeism Report:**

|  |  |
| --- | --- |
| **Reporting Date** | Reporting date. |
| **Total # of students absent** | Total # of students absent |
| **% of students absent** | % of students absent |
| **# of staff absent** | # of staff absent |

**If the following information is known from your current absence reporting processes please provide:**

|  |  |
| --- | --- |
| **# of students absent due to illness** | # of students absent due to illness |
| **# of students with an excused absence** | # of students with an excused absence |
| **# of students absent for unknown reason** | # of students absent for unknown reasons |

**In the previous few days have any students or staff been sent home due to COVID-19 symptoms?**

 [ ] Yes # of students sent home

 [ ] No

**If known, please indicate any symptoms that have been reported by students/parents or staff:**

|  |  |
| --- | --- |
| **Respiratory illness symptoms:** | **Other symptoms:** |
| [ ] Fever/Chills  | [ ] Abdominal Pain |
| [ ] Cough | [ ] Nausea |
| [ ] Sore throat | [ ] Vomiting |
| [ ] Runny nose/nasal congestion | [ ] Diarrhea |
| [ ] Headache | [ ] Aches & Pains |
| [ ] Shortness of breath  | [ ] Other |

Please provide any additional comments related to the level of absenteeism in your school.

Enter additional comments here