

Reportable Waterborne Illness Form – Public Pool

Fax or send this document to Environmental Health & Safety 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.***

“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.

UCM Environmental Health & Safety
5200 N. Lake Rd, Merced CA 95343
(209) 228-2255
jkaur63@ucmerced.edu

Need Assistance? If help is needed in completing this form, call Environmental Health & Safety at (209) 228-2255.

KEEP ALL FORMS & RECORDS FOR AT LEAST 2 YEARS

Site Name: Street Address, City, State and Zip Code:		Program Record No. (Environmental Health Office Use): 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.	
<u>Name of Reportedly Ill Individual (A):</u>	Contact Information:	(Check one): <input type="checkbox"/> Lifeguard <input type="checkbox"/> Pool User Diagnosed By Medical Professional: (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 _____			
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 _____			
<u>Name of Reportedly Ill Individual (B):</u>	Contact Information:	(Check one): <input type="checkbox"/> Lifeguard <input type="checkbox"/> Pool User Diagnosed By Medical Professional: (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 _____			
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: _____ _____ _____			