

Water Recreation Facility Illness Report Form



Reporting Requirement: The owner or operator **MUST** report any illness associated with a water recreation facility to their local health department (preferred) or the state Department of Health within 48 hours (RCW 70.90, WAC 246-260, and WAC 246-262). Illness, in this case, means a communicable disease associated with the water recreation facility. **Use one form for each injured person. DO NOT include their personal information (such as name, address, phone number, etc.).**

- Local Health Departments: www.doh.wa.gov/localhealth
- State Department of Health: www.doh.wa.gov/watersafetycontact or 360-236-3330

Name of Facility:

Facility Phone: () -

Facility Address:

County:

Ill Person's Age:

Ill Person's Gender: ☐ Female ☐ Male ☐ Unknown ☐ Other:

Ill Person's Primary Language Spoken at Home:

Hispanic or Latino: ☐ Yes ☐ No

☐ English ☐ Other:

Race:

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ White
☐ Native Hawaiian or Other Pacific Islander ☐ Other:

Date when the facility staff became aware of the illness: / /

Date of illness onset (if known): / /

Date when the ill person used the facility: / /

Implicated location of exposure to the disease (check all that apply):

☐ Swimming Pool ☐ Spa ☐ Wading Pool ☐ Spray Pad ☐ Pool Deck ☐ Restrooms/Shower rooms
☐ Locker/changing rooms ☐ Other:

Symptoms (check all that apply):

☐ Rash ☐ Eye/Ear infection ☐ Respiratory ☐ Gastrointestinal ☐ Other:

Has the ill person seen a physician?

☐ Yes ☐ No ☐ Unknown

Are there any other individuals affected by the same illness/similar symptoms?

☐ Yes ☐ No ☐ Unknown

Any other helpful information: