

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:

III Person's Age: **III Person's Gender:** Female Male Unknown Other:

III 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: