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](http://www.doh.wa.gov/localhealth)
* State Department of Health: [www.doh.wa.gov/watersafetycontact](http://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:**