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:**