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: