## Illinois Department of Public Health Division of Environmental Health INJURY AND ILLNESS REPORT

## **DIRECTIONS:**

The Illinois Department of Public Health requires this report to be completed for all deaths, illnesses of two or more people or injuries which require doctor's care, any of which occur at a recreational area or youth camp. Reports must be completed and returned to the appropriate Department regional office by mailing or personally delivering it within 48 hours of the occurrence. Use the map on the back of this form to determine the proper address. A separate report shall be submitted for each individual.

Γhe facility is regulated by the Dep	partment as a: Campground Recreational Youth Camp	Area
Name of Facility		
Street Address	City	County
For further information, the	e Department may contact:	
Name	Title .	
Phone Number		
NJURY/ILLNESS INFORMATIO	ON:	□ Mala
Name	Age _	Male Female
Home Address	Phon	e Number
City	State	ZIP Code
Name of medical facility the	hat provided treatment or diagnosis:	
		City/State
Street Address		City/State
Street Address ZIP Code MPORTANT NOTICE: This state a	Phone Number  gency is requesting disclosure of informs Acts 78-715 or 78-325. Disclosure of the	City/State mation that is necessary to accomplish the statuto
Street Address ZIP Code MPORTANT NOTICE: This state a purpose as outlined under Public	Phone Number  gency is requesting disclosure of informs Acts 78-715 or 78-325. Disclosure of the	City/State

## REGIONAL OFFICES OF THE DEPARTMENT

