Water Recreation Facility Illness Report Form

Public Health
Seattle & King County

Send completed illness report forms to:

Public Health - Seattle & King County
401 5th Ave, Ste. 1100, Seattle, WA 98104
Phone: 206-263-9566 / Fax: 206-296-0189
Email: KCPoolPlans@kingcounty.gov

Reporting Requirement: *The owner or operator MUST report any illness (communicable disease) associated with a Water Recreation Facility to Public Health - Seattle & King County within 48 hours of becoming aware of such illness (RCW 70.90 & WAC 246-260). If multiple people are ill, use one form for each ill person.*

Need help? If help is needed in completing this form, call Public Health - Seattle & King County, Environmental Health Division at (206) 263-9566.

Reported by: _____ Phone (with area code): _____

Name of facility: _____ Phone (with area code): _____

Address of facility: _____ County: _____

1. Date when the ill person used the facility (if multiple days, list them in Question #10)

____/____/____ ☐Unknown
MM / DD / YYYY

2. Date of illness onset

____/____/____ ☐ Unknown
MM / DD / YYYY

3. Date when the facility staff became aware of the illness

____/____/____
MM / DD / YYYY

4. Age of ill person_____

5. Sex: ☐ Male ☐ Female

6. Suspected location of disease exposure? (check all that apply)

- ☐ Swimming Pool
- ☐ Spa
- ☐ Wading Pool
- ☐ Spray Pool
- ☐ Pool Deck
- ☐ Restroom/Shower Room
- ☐ Locker Room
- ☐ Other (specify):

_____

7. Symptoms: (check all that apply)

- ☐ Gastrointestinal
- ☐ Respiratory
- ☐ Rash
- ☐ Eye/Ear Infection
- ☐ Other (specify):

_____

_____

8. Seen by a doctor?:
☐ Yes ☐ No ☐ Unknown

9. Are there any other individuals affected by the same illness or similar symptoms?:
☐ Yes ☐ No ☐ Unknown

If yes, how many individuals?

_____

10. Any other helpful information?

_____

_____

_____

_____

Thank you for your report and information. It will be evaluated by our staff and you will be contacted if further information is necessary.

(Office use only)

Received by: _____ **Phone:** _____ **Date:** _____

Mailed to: _____ **District Office:** _____ **Mailed to State DOH:** _____

Nov/2025