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.

- Local Health Departments: www.doh.wa.gov/localhealth
- State Department of Health: www.doh.wa.gov/watersafetycontact or 1-877-485-7316

Name of Facility: 
Facility Phone: (     ) -

Facility Address: 
County:

Ill Person’s Name: 
Ill Person’s Phone: (     ) -

Ill Person’s Address: 
Ill Person’s Age:  Years

Ill Person’s Gender:  Female  Male  Unknown  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: