



Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
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Health Inspection Program

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## REPORTABLE CONDITIONS

DATE : \_\_\_\_\_ DATE OF INCIDENT: \_\_\_\_\_ TIME: \_\_\_\_\_

NAME OF CAMP: \_\_\_\_\_

LOCATION: \_\_\_\_\_

WINTER ADDRESS: \_\_\_\_\_

RESIDENT YOUTH  TRAVEL AND TRIP  DAY CAMP

The camp operator shall report directly to the Maine Center for Disease Control and Prevention within 72 hours any of the following reportable conditions:

### Please check type of reportable/notifiable incident.

- 1. Injuries causing unconsciousness.
- 2. Injuries causing fracture of bone.
- 3. Injuries necessitating hospitalization, for 12 hours or more.
- 4. Injuries requiring suturing or head, neck, spinal cord injuries or injuries of equivalent severity; and an Explanation of how the injury occurred.
- 5. Carnivorous animal bite wounds.
- 6. (Food poisoning) Epidemic illnesses involving 2 or more persons including suspect food infection, or food intoxication.
- 7. Any illness causing muscle paralysis or weakness, unconsciousness, loss of hearing.
- 8. Any illness or injury resulting in the death or near death of any camper, employee or visitor to the camp.
- 9. The camp operator shall report to the Maine CDC any "Notifiable Conditions" listed in Rules for Control of Notifiable Conditions, 10-144 C.M.R. Ch 258 in the timeframe specified in the Notifiable Conditions list found in Appendix B of the Youth Camp Rules.

Did this reportable incident occur while involved in trip camping?

Yes  No If so, location: \_\_\_\_\_

Person(s) injured/ill please check all that apply:

Male  Female  Staff  Camper

Briefly describe the conditions under which the incident occurred:

This report is being submitted by the camp director: \_\_\_\_\_  
Print Name

Email to: [lisa.silva@maine.gov](mailto:lisa.silva@maine.gov) and [rebecca.walsh@maine.gov](mailto:rebecca.walsh@maine.gov)

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