

Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011

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Health Inspection Program

Fax (207) 287-3165

REPORTABLE CONDITIONS

DATE:	DATE OF INCIDENT:	TIME:
NAME OF O	CAMP:	
LOCATION	T	
	DDRESS:	
	NT YOUTH O TRAVEL AND TRIP O DAY CAMP	
	erator shall report directly to the Maine Center for Disease Control an ortable conditions:	d Prevention within 72 hours any of the
Please check	type of reportable/notifiable incident.	
1. In	juries causing unconsciousness.	
2. In	juries causing fracture of bone.	
3. In	juries necessitating hospitalization, for 12 hours or more.	
4. In	juries requiring suturing or head, neck, spinal cord injuries or injuries	of equivalent severity; and an
	planation of how the injury occurred.	
	rnivorous animal bite wounds.	
	ood poisoning) Epidemic illnesses involving 2 or more persons includoxication.	ling suspect food infection, or food
	ny illness causing muscle paralysis or weakness, unconsciousness, los	ss of hearing.
	ny illness or injury resulting in the death or near death of any camper,	
9. Ti	the camp operator shall report to the Maine CDC any "Notifiable Conditions, 10-144 C.M.R. Ch 258 in the timeframe specified Appendix B of the Youth Camp Rules.	ditions" listed in Rules for Control of
Did this repo	rtable incident occur while involved in trip camping? No If so, location:	
•	ured/ill please check all that apply:	
Mal		r
Briefly describe to	the conditions under which the incident occurred. Reminder, please do not include personally	protected information, as this is a HIPPA
violation. Examp	les of personally protected information: name, date of birth, social security # or any othe	r identifying information.
This report is	being submitted by the camp director:	
rins report is	Print Name	
Email to:	lisa.silva@maine.gov and rebecca.walsh@maine.gov	
or Fax to:	Lisa Silva & Becky Walsh, 207-287-3165	