

Department of Health and Human Services Maine Center for Disease Control and Prevention 286 Water Street 11 State House Station Augusta, Maine 04333-0011 Tel.: (207) 287-8016; Fax: (207) 287-9058 TTY Users: Dial 711 (Maine Relay)

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Health Inspection Program

Fax (207) 287-3165

REPORTABLE CONDITIONS

The camp operator shall report directly to the Maine Center for Disease Control and Prevention within 72 hours any of the following reportable conditions listed below. **Only camper and staff incidents or injuries that occurred during camp operating season need to be reported.**

DATE	:	DATE OF INCIDENT:		TIME:
NAME OF CAMP:				
LOCATION:				
WINTER ADDRESS:				
ORESIDENT YOUTH OTRAVEL AND TRIP O DAY CAMP				
Please check type of reportable/notifiable incident.				
	1. Injuries causing unconsciousness.			
	2. Injuries causing fracture of bone.			
\Box	3. Injuries necessitating hospitalization, for 12 hours or more.			
\Box	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 foo intoxication. 7. Any illness causing muscle paralysis or weakness, unconsciousness, loss of hearing. 				od infection, or food
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.				
Did this reportable incident occur while involved in trip camping?				
(Yes ONo	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. Reminder, please do not include personally protected information, as this is a HIPPA				
violation. Examples of personally protected information: name, date of birth, social security # or any other identifying information.				

This report is being submitted by the camp director: _

Print Name

Email to: lisa.silva@maine.gov and rebecca.walsh@maine.gov

or Fax to: Lisa Silva & Becky Walsh, 207-287-3165

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