



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
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TTY Users: Dial 711 (Maine Relay)

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: _____

Email to: lisa.silva@maine.gov Print Name
or Fax to: Lisa Silva, Program Manager
207-287-3165