Dear Parent/Guardian,

__________________________ has been observed to have symptom(s) checked below:

☐ fever of:__________________
☐ rash ______________________
☐ vomiting__________________
☐ diarrhea __________________
☐ skin lesions that are “weepy” or pus filled
☐ colored drainage from eyes, nose, ears
☐ behavior changes – irritability, lethargy, prolonged drowsiness
☐ yellow color to skin or eyes
☐ difficulty breathing________
☐ stiff neck or headache_____
☐ Symptoms or complaints that prevent the student from participating in his/her usual school activities, such as a persistent cough

Because this is a possible sign of a communicable disease, it is necessary for your student to be seen by a physician who can diagnose and prescribe treatment if necessary. All symptoms must be gone before your student may return to school. We urge you to seek medical care as soon as possible. Please have the doctor complete the bottom portion of this form. If you do not have a health care provider please call Clackamas County Health Department at (503) 655-8475. If you have any questions regarding this exclusion, please call the district school nurse at (503) 785-8400. To prevent the spread of a communicable disease, Oregon Law OAR 581-022-0705 requires that any child suspected of having a communicable disease must be excluded from school.

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<th>Name / Title</th>
<th>School</th>
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**DOCTOR’S INFORMATION:**

Diagnosis:________________________

Currently Infectious: Yes____ No____

Treatment:________________________

Follow-up Necessary: Yes____ No____ If yes, date: ________________

Date may return to school: _____________________________

(In Indicate date no longer communicable to others)

Other:__________________________________________

Doctor’s Signature:_________________________ Date:________________

______________________________
Doctor’s Printed Name

______________________________
Doctor’s Phone Number

HS 8.01 (rev 01/09)