|  |  |  |
| --- | --- | --- |
| **Child’s last name** | **Child’s first name** | **Date of birth** |
|  |  |  |
| has been identified as having the following symptom(s) of illness on (date):  |  |

|  |
| --- |
|[ ]  \*Fever* A child older than two months has a temperature of 101 degrees Fahrenheit or higher
* An infant younger than two months has a temperature of 100.4 degrees Fahrenheit or higher
 |
|[ ]  \*Diarrhea (more than two stools above the child’s normal pattern and diarrhea is not contained by a diaper or when toilet-trained children are having accidents) |
|[ ]  \*Vomiting (two or more episodes of vomiting within a 12-hour period) |
|[ ]  Cough (describe):  |  |
|[ ]  Shortness of breath/difficulty breathing |
|[ ]  Sore throat  |
|[ ]  Rash (describe): |  |
|[ ]  Other symptoms (list):  |  |
|[ ]  \*Child is unable to comfortably participate in activities at child care. |
|[ ]  \*Child needs more care than staff can provide without compromising the health and safety of other children. |

The child must be excluded from child care based on North Carolina Child Care Rules 10A NCAC 09 .0804 and .1720(a) if the child has:

* any of the \*starred symptoms or conditions
* an illness that warrants exclusion based on the Communicable Diseases and Exclusion from Child Care chart found at: [healthychildcare.unc.edu/resources/exclusion](file:///C%3A/Users/stenerse/Downloads/healthychildcare.unc.edu/resources/exclusion)
* a health care professional's order that the child must be separated from other children.

Based on the above guidance and our facility policy, the child:

|  |
| --- |
|[ ]  Can return on date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|[ ]  Must be seen by a health care professional before returning  |

I, a licensed health care professional, confirm that this person has been examined. At this time, I do not believe this person has a communicable disease requiring exclusion, and may safely return to child care.

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Contact Information of Practice  |  | Date of Exam |  |
| Signature |  | Date |  |
| Printed name |  |