

## KEEPING KIDS SAFE, INC.

### Communicable Disease Screen

Child's Name: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Today's Date: \_\_\_\_\_

The above named child was seen in our office and was screened for the following communicable diseases: Please check "YES" if the disease is present, if not, check "NO".

COMMUNICABLE DISEASES	YES	NO
Chicken Pox		
Shingles		
Ring Worm		
Head Lice		
Scabies		
Pink Eye		
Impetigo		
Hand, Foot, & Mouth Disease		
Flu		
Athlete's Foot		
Virus / Common Cold		
Fifth Disease		
Ear Infection		

Treatment Needed: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 RN, or Physician's Signature

\_\_\_\_\_  
 Date