

Health Visit Follow-up Form

To: Health Care Provider

The child listed below attends a Reach Dane childcare program, which follows state childcare health guidelines. The child has the following symptoms. Please evaluate and make recommendations.

Child's name	Child's DOB	Reach Dane program/classroom
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Reason for potential exclusion: diarrhea fever skin rash (location): _____
 vomiting scalp lesion lice / nits
 Other: _____

Additional comments: _____

Staff name: _____ Date: _____

Health Care provider's response to Reach Dane staff:

Date of exam	Diagnosis
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Exclusion from child care? Yes No If yes, for how long? _____
If no, what is the reason for the symptom? _____

Length of time this symptom can be expected without further medical re-evaluation:

1 week 2 weeks 1 month other: _____

Were medications given? Yes No If yes, name of medication? _____

Were immunizations given? Yes No

What symptoms might arise in child care as a result of above interventions? _____

Name of Health Care Provider

Signature

Clinic