

Washoe County School District
Student Health Services

Communicable Disease Exclusion Notice

Date:

Dear Parent/Guardian:

Your child, _____, is being excluded for the following health reason(s):

- Undiagnosed skin rash
- Purulent drainage from eyes, nose, or ears
- Appears mildly ill and is unable to participate in normal school activities or needs more care than can be provided by school staff
- Undiagnosed fever (100.4 degrees or higher), vomiting, or diarrhea
- Other: _____

Re-admission will be granted by health office personnel under the following conditions:

- Physician statement that the condition is non-infectious
- Signs and symptoms are completely resolved
- Proof of antibiotic treatment over past 24 hours
- The student has been home, and without symptoms of fever, vomiting, or diarrhea for 24 hours
- Student is cleared by the school nurse prior to returning to class

_____, RN
Signature of School Nurse

Name or signature of site administrator notified: _____ Date: _____