SANDUSKY COUNTY PUBLIC HEALTH

Screening for Foster Care- Department of Job & Family Services

Name________________________ Date of Birth________________________

Date of Screening________________________

The above names child has been screened by a Public Health Nurse at the Sandusky County Health Department, for visible signs of possible communicable diseases. The screening is not meant to be diagnostic in nature for any and all communicable diseases.

HEAD LICE:  ○ None noted  ○ Head lice visualized
HEAD LICE NITS: ○ None noted  ○ Head lice nits visualized
RASH:  ○ None noted  ○ Rash visualized (see below)

Location:_________________________________________________________

General Description:_________________________________________________

BRUIISING:  ○ None noted  ○ Bruising visualized (see below)

Location:_________________________________________________________

General description:_________________________________________________

GENERAL ILLNESS:  ○ None noted  ○ S/S visualized (see below)

Description of Signs & Symptoms_______________________________________

________________________________________________________

COMMENTS:___________________________________________________________________________

Individuals noted to have signs and symptoms of any of the above listed conditions are encouraged to follow up with their Primary Care Provider.

SIGNATURE________________________________________________________