



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: _____

BRUISING: 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 _____