



Communicable Diseases Policy

Please cancel your/your dependent's appointment if one or more of the following conditions are present:

1. Temperature of 100 degrees or higher
2. Vomiting
3. Sore throat, persistent cough, or acute cold
4. Discharging eyes
5. Skin rashes
6. Suspected scabies or impetigo
7. Head lice
8. Diarrhea

Return to therapy guidelines:

1. Fever free for 24 hours
2. Symptom free of vomiting
3. Symptom free of sore throat, persistent cough, or acute cold
4. Treated head lice
5. Symptom free diarrhea

I agree to call and cancel my appointments in the event that he/she presents one or more of the conditions above, and reschedule after illness has been treated and resolved.

Patient/Guardian Name: _____ Date: _____

Signature: _____