





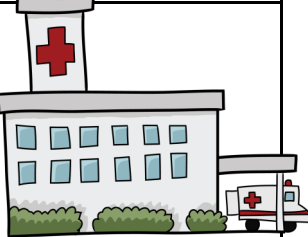


I NEED TO STAY HOME IF...

						
FEVER	VOMITING	DIARRHEA	RASH	HEAD LICE	EYE INFECTION	HOSPITAL STAY AND/OR ER VISIT
Temperature of 100.4 or higher	Within the past 24 hours	Within the past 24 hours	Body rash with itching or fever	Itchy head, active head lice	Redness, Itch- ing, and/or “crusty” drain- age from eye	Hospital stay and/or ER visit

I AM READY TO GO BACK TO WORK OR SCHOOL WHEN I AM...

Fever free for 24 hours without the use of fever reduc- ing medication i.e. Tylenol, Motrin	Free from vomit- ing for at least 2 solid meals	Free from diarrhea for at least 24 hours	Free from rash itching, or fever. I have been evalu- ated by my doctor if needed.	Treated with appropriate lice treatment at home and proof is pro- vide.	Evaluated by my doctor and have note to return to school	Released by medical provider to return to work or school.
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