

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____
 Student's Name: _____
 Student's Date of Birth: _____ / _____ / _____ Sex: _____
 Last First Middle
 State or Country of Birth: _____ Main Language Spoken: _____
 Student's Address: _____ City: _____ State: _____ Zip: _____
 Name of Parent or Legal Guardian 1: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____
 Name of Parent or Legal Guardian 2: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____
 Emergency Contact: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example; feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.): _____

List all prescription, over-the-counter, and herbal medications your child takes regularly: _____

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: None FAMIS Plus (Medicaid) FAMIS Private/Commercial/Employer sponsored

I, _____ (do) (do not) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. *This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.*

Signature of Parent or Legal Guardian: _____ Date: _____ / _____ / _____

Signature of person completing this form: _____ Date: _____ / _____ / _____

Signature of Interpreter: _____ Date: _____ / _____ / _____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**

Part II - Certification of Immunization

Section I

**To be completed by a physician or his designee, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.**

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____ Date of Birth: _____
Last First Middle Mo. Day Yr.

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
	1	2	3	4	5
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)					
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)					
*Tdap booster (6 th grade entry)					
*Polomyelitis (IPV, OPV)					
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age					
*Pneumococcal (PCV conjugate) *only for children <60 months of age					
Measles, Mumps, Rubella (MMR vaccine)					
*Measles (Rubeola)			Serological Confirmation of Measles Immunity:		
*Rubella			Serological Confirmation of Rubella Immunity:		
*Mumps					
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used					
*Varicella Vaccine			Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine					
Meningococcal Vaccine					
Human Papillomavirus Vaccine					
Other					
Other					

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** ____/____/____

Student's Name: _____ Date of Birth: [] [] [] []

Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTaP/Tdap: [] []; DT/Td: [] []; OPV/IPV: [] []; Hib: [] []; Pncum: [] []; Measles: [] []; Rubella: [] []; Mumps: [] []; HBV: [] []; Varicella: [] []

This contraindication is permanent: [] [], or temporary [] [] and expected to preclude immunizations until: Date (Mo., Day, Yr.): [] [] [] [] [] [] [] []

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): [] [] [] [] [] [] [] []

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____.

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): [] [] [] [] [] [] [] []

Section III
Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>

**Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).
(Requirements are subject to change.)**

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth.

Student's Name: _____ Date of Birth: ____/____/____ Sex: M F

Health Assessment	Date of Assessment: ____/____/____ Weight: ____ lbs. Height: ____ ft. ____ in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided	Physical Examination 1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>HEENT</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Neurological</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Skin</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Lungs</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Abdomen</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Genital</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Heart</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Extremities</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Urinary</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		1	2	3		1	2	3		1	2	3	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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TB Screening: <input type="checkbox"/> No risk for TB infection identified <input type="checkbox"/> No symptoms compatible with active TB disease <input type="checkbox"/> Risk for TB infection or symptoms identified																																																		
Test for TB Infection: TST IGRA Date: _____ TST Reading ____ mm TST/IGRA Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative CXR required if positive test for TB infection or TB symptoms. CXR Date: _____ <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal																																																		
EPSDT Screens Required for Head Start – include specific results and date: Blood Lead: _____ Hct/Hgb _____																																																		

Developmental Screen	Assessed for:	Assessment Method:	Within normal	Concern identified:	Referred for Evaluation
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
	Gross Motor Skills				

Hearing Screen	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.				<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen <input type="checkbox"/> Permanent Hearing Loss Previously identified: ____ Left ____ Right <input type="checkbox"/> Hearing aid or other assistive device
		1000	2000	4000	
	R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	L	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer					

Vision Screen	<input type="checkbox"/> With Corrective Lenses (check if yes)				Dental Screen	<input type="checkbox"/> Problem Identified: Referred for treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care
	Stereopsis	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Not tested			
	Distance	Both R L	Test used:			
		20/ 20/ 20/				
<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test – needs rescreen						

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel	Summary of Findings (check one): <input type="checkbox"/> Well child; no conditions identified of concern to school program activities <input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here): _____	
	Allergy <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____ Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction Response required: <input type="checkbox"/> none <input type="checkbox"/> epinephrine auto-injector <input type="checkbox"/> other: _____	
	<input type="checkbox"/> Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)	
	<input type="checkbox"/> Restricted Activity Specify: _____	
	<input type="checkbox"/> Developmental Evaluation <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____	
	<input type="checkbox"/> Medication. Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.	
	<input type="checkbox"/> Special Diet Specify: _____	
	<input type="checkbox"/> Special Needs Specify: _____	
Other Comments: _____		

Health Care Professional's Certification (Write legibly or stamp) <input type="checkbox"/> By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).	
Name: _____	Signature: _____ Date: ____/____/____
Practice/Clinic Name: _____	Address: _____
Phone: _____ Fax: _____	Email: _____

WHAT ARE THE BASICS™?

Science shows that 80% of brain growth happens by the age of three! Beginning from birth, young brains develop like little muscles, getting bigger and stronger the more you and your family interact with your child.

The Basics are five fun, simple, and powerful ways to help all our children aged 0-3 grow to be happy and smart.

**Do all of the Basics every day to help your child
become the amazing person you know they can be.**

Maximize Love, Manage Stress



Babies and toddlers thrive when their world feels loving, safe, and predictable. Respond with smiles, words, and touch to help them see, hear, and feel your love. You will help them develop a sense of security and self-control.

Talk, Sing, and Point



Babies learn language from the moment they are born. Respond to their sounds, and later, their words. Connect with eye contact and a loving tone of voice, while pointing to help them know what you are talking about.

Count, Group, and Compare



Every child's brain is wired for math. Talk about numbers, shapes, patterns, and comparisons as you go about your routines together. Watch your child learn to love math.

Explore Through Movement and Play



Babies are like scientists who love making discoveries. Watch to see what interests your child, then encourage their curiosity and help them learn when they play and explore.

Read and Discuss Stories



Reading turns kids into confident thinkers. Make books a regular part of your relationship from the very beginning. With infants, point at the pictures and speak with excitement. With toddlers, just make it fun.

Who Is Involved?

Lots of people! Partners include hospitals, health centers, schools, community centers, childcare providers, churches, family members, and others.

What If I'm Not a Parent?

You still care about children! Learn about the Basics. Encourage parents and caregivers to make sure their children experience all five with everyone who cares for them.

How Can I Learn More?

Visit www.thebasics.org or connect with us on social media for information on the campaign, opportunities in your community, tips, and videos.

Family Child Care Toolkit

Family Child Care Toolkit
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Virginia Department of Social Services

Contact Arlene Kasper at the Division of Child Care and Early Childhood Development, Virginia Department of Social Services, 801 East Main Street, Richmond, VA 23219-2901 or arlene.kasper@dss.virginia.gov.

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Additional copies of this toolkit are available for download from:
www.smartbeginnings.org/Home/StarQualityInitiative/ForEarlyChildhoodProfessionals.aspx

We encourage replication and use of these materials for non-profit purposes.

Acknowledgements:

The Family Child Care Toolkit was developed by the Virginia Early Childhood Foundation as part of the Family Child Care Demonstration of the Virginia Star Quality Initiative. Contributors included Shirley R. Blake; Brenda L. Cubero; Barbie Gallini; Bethany Geldmaker, PNP, PhD; Mickie McInnis; David K. Mills; Marilyn Rice; Claire Wood, RN, CCHC; Carole Whitener; and staff from the Virginia Department of Social Services Division of Child Care and Development and Division of Licensing Programs.

The Director's Toolbox was an essential resource in the development of this toolkit.





2-1-1 VIRGINIA

2-1-1 VIRGINIA is the Commonwealth's health and human services information line.

Dialing 2-1-1 provides information and referrals on a broad range of services, including rent assistance, utility assistance, food assistance, clothing, child care, housing, health care and job training programs.

2-1-1 VIRGINIA is always available.

2-1-1 VIRGINIA is available 24 hours a day, 365 days a year in more than 200 languages. Trained call specialists throughout the state utilize one web-based database with more than 22,000 health and human services listings.

2-1-1 VIRGINIA is free and confidential.

Highly trained professionals provide accurate and up-to-date information and referrals from non-profit organizations, faith-based organizations, for-profit companies and local, state and federal governments. All calls are confidential.

2-1-1 VIRGINIA provides disaster and emergency services.

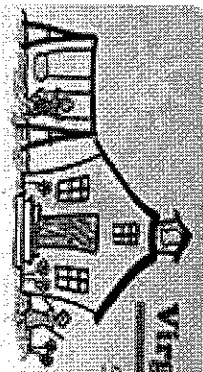
In 2010, 2-1-1 VIRGINIA became the public information service for the Virginia Department of Emergency Management and the Virginia Department of Health.

During disasters/emergencies, 2-1-1 VIRGINIA call specialists provide assistance to emergency operators by taking non-emergency calls. Emergency services, such as shelters, heating/cooling centers, meal programs and road closures are updated in real time.

2-1-1 VIRGINIA is the call center for the Virginia Hospital and Healthcare Association's mass causality incident system and the Virginia Department of Health's public information call center.

2-1-1 VIRGINIA provides a valuable resource to the community.

Visit 2-1-1 VIRGINIA at www.211virginia.org.



Virginia Shared Services Network
Shared Resources for Quality Child Care



CHILD CARE CENTER REFERENCE SHEET

Questions: TheTeam@VASharedNetwork.org
Telephone: 804.285.0846

Child products & supplies: 20%
Food & service supplies: 10-30%
Insurance; Workman's Compensation
Office supplies: 25-30%
Payroll & other HR services: 25-30%
Professional Development Online Courses: 10%

PAS Scale Program Assessment
Classroom Materials - ECERS-3
Curriculum Resources
Daily Reports – Infant/ Toddler/ Pre-K
Daily Schedule Sample / Template
Family/ Teacher Communication Journal
Physical Activity Resources

Community Bulletin Board - Center
Family Handbook – Center-Based
Family Handouts: Child Development, Education,
Environment, Health, Nutrition and Fitness, & Safety
Family Conference: Invitation, Guide, Forms

Forms
Employee Handbook
Employee Orientation Toolkit
Discipline and Termination
Interview Guides
Job Descriptions
Performance Appraisals
Retirement Savings
Email Marketing Tips
25 Ways to Market Your Program
Brochure Template

Business Operations

Center Based Annual Budget Template
Business Insurance
Risk Management
Strategic Planning
Child Care Center Cash Flow Projection Worksheet
Financial Terms Glossary
Simplified Business Plan Outline
Child and Adult Care Food Program
Food Research and Action Center CACFP Facisheet
CACFP Reimbursement Rates
CACFP Income Eligibility Guidelines
Food Buying Guide Calculator
Child / Infant Meal Patterns
Meal Pattern

Food & Nutrition

Family Style Dining
Food Allergies / Safety
Recipes and Cookbooks
Menu Planning Guide
Increasing Access to Drinking Water Guide
Forms

Child Care Expense Statement for Taxes
Emergency Contact Information
Enrollment Agreement
Event Permission Form / Headcount Form
Staff Meeting Record Form
Transfer Record Form
Transportation Permission Form

Health

Health Policy Reminder Letter
Caring for Our Children Health and Safety Standards
Exposure to Communicable Disease Notification

Immunization Schedules

Integrated Pest Management
Policies / Procedures

Posters

Know Your Poison Center's Number
Weather Watch
Hand Washing
Diapering
Safety

Childcare Hazard Training
Fire Drill Log, Policy, Forms
Poisonous Plants
Poison Prevention Tip sheets
Crib Safety Guidance / Standards
Daily Safety Checklist – FCCH Indoor / Outdoor

Federal Regulations

Occupational Health and Safety Standards
Child Care Development Block Grant
State by State CCDBG Program Data
Head Start

Head Start/ Early Head Start/Child Care Partnership

Better Kid Care Podcasts

Early Educator Central
FEMA Childcare Hazard Training
Handwashing Training
Professional Development Online Courses

Log In: www.VASharedNetwork.org

Username: _____

Password: _____

Communicable Disease Reference Chart for School Personnel

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Chickentox* (Varicella)	10-21 days, usually 14-16 days. (Incubation period in persons who receive VarZig or (GIV extends through day 28.)	By direct contact with vesicular fluid or by airborne spread from respiratory tract secretions.	Sudden onset with slight fever and itchy eruptions which become vesicular (small blisters) within a few hours. Lesions commonly occur in successive crops, with several stages of maturity present at the same time. Communicable for as long as 5 days (usually 1-2 days) before eruption of vesicles and until all lesions are crusted (usually 5 days). Communicability may be prolonged in immunocompromised people.	CASE: Exclude from school for at least 5 days after eruptions first appear or until vesicles become dry. Avoid exposure to women in early pregnancy who have not had chickenpox and/or varicella vaccine. CONTACTS: Check vaccination status of contacts and recommend vaccination if needed. On appearance of symptoms, exclude from school.
Conjunctivitis, Acute Bacterial (Pink Eye)	Varies depending on causative agent.	By contact with discharges from the conjunctivae or contaminated articles.	Pink or red eyeball with swelling of the eyelids and eye discharge. Eyelids may be matted shut after sleep. May involve one or both eyes.	CASE: Exclude from school while symptomatic or until 24 hours of antibiotic treatment has been completed. CONTACTS: School exclusion not indicated.
Diarrheal Diseases* (Campylobacteriosis, <i>E. coli</i> O157:H7, Giardiasis, Salmonellosis, Shigellosis, etc.)	Campylobacteriosis: 1-10 days, usually 2-5 days. <i>E. coli</i> O157:H7: 1-8 days, average 3-5 days. Giardiasis: 3-25 days, usually 7-10 days. Salmonellosis: 6-72 hours, usually 12-36 hours. Shigellosis: 12-96 hours, usually 1-3 days.	By the fecal-oral route through direct contact or by ingestion of contaminated food or water.	Ranges from sudden onset of fever, abdominal pain, diarrhea, nausea, and sometimes vomiting in salmonellosis, to cramps and bloody stools in severe cases of shigellosis and <i>E. coli</i> O157:H7. Dangerous dehydration may occur in younger children. In giardiasis, persons may be asymptomatic or have decreased appetite and weight loss.	CASE: Exclude from school until cessation of acute diarrhea. Stress importance of proper handwashing. CONTACTS: School exclusion and stool cultures not indicated in absence of symptoms. Consult with your local health department for advice during suspected school outbreaks.
Fifth Disease (Erythema Infectiosum)	From 4-21 days.	Primarily through contact with respiratory secretions.	Rash characterized by a vivid reddening of the skin, especially of the face, which fades and recurs; classically, described as a "slapped face appearance." Mild symptoms of fever, body aches, and headache may occur 7-10 days before rash.	CASE: Exclusion from school not indicated. CONTACTS: School exclusion not indicated. Pregnant women and immunocompromised persons should seek medical advice.
Hepatitis A*	From 15-50 days, average 28-30 days.	By the fecal-oral route through direct contact or ingestion of contaminated food or water.	Fever, loss of appetite, nausea, abdominal discomfort and weakness followed by jaundice. Many unrecognized mild cases without jaundice occur, especially in children. Communicability greatest from 7 days before to several days after onset of jaundice.	CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated. Stress importance of proper handwashing.

NOTE: THESE RECOMMENDATIONS APPLY ONLY TO SCHOOL-AGED CHILDREN - A more complete discussion of these conditions and other communicable diseases may be found in *Control of Communicable Diseases Manual* (2008) published by the American Public Health Association and the 2009 *Report of the Committee on Infectious Diseases (The Red Book)* published by the American Academy of Pediatrics. Additional information and consultation are also available through your local health department.

* Officially reportable in Virginia to the local health department. All outbreaks and unusual occurrences of disease are also reportable.

DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Hepatitis B*	From 45-160 days, average 90 days.	By direct contact with infected blood or body fluids. Transmission occurs when the hepatitis B virus enters the body through broken skin or mucous membranes.	Only a small proportion of acute infections have clinical symptoms. Symptoms are similar to those of hepatitis A.	CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated.
HIV Infection* and AIDS*	Variable	By direct contact with infected blood or body fluids. Transmission occurs when the human immunodeficiency virus enters the body through broken skin or mucous membranes.	A broad range of disease manifestations affecting multiple organ systems. Many children remain asymptomatic.	CASE: Follow advice of child's physician and/or your local health department. CONTACTS: School exclusion not indicated.
Influenza	Usually 1-4 days	Person to person by respiratory droplets created by coughing or sneezing.	Sudden onset of fever, chills, headache, malaise, and nonproductive cough. Subsequently, respiratory tract signs including sore throat, nasal congestion, rhinitis, and cough become more prominent.	CASE: Exclude from school until at least 24 hours following resolution of fever. CONTACTS: School exclusion not indicated. Seasonal influenza vaccination encouraged to reduce spread of influenza.
Measles* (Rubella, Red Measles)	From 7-21 days, (usually 8-12 days from exposure to onset of symptoms).	Airborne by droplet spread or direct contact with nasal or throat secretions of an infected person.	Prodrome characterized by fever followed by reddened eyes, runny nose, and cough. Dusky-red blotchy rash appears on day 3 or 4 and lasts 4 to 7 days. Communicable from 4 days before to 4 days after the appearance of the rash.	CASE: Exclude from school until at least 4 days after appearance of the rash. Check immunization records of all students. Discuss with your local health department. CONTACTS: Exclude from school immediately on signs of prodrome. Unimmunized students may need to be excluded from school. Follow recommendations of your local health department.
Meningitis, Bacterial (<i>H. influenzae</i> *, Meningococcal*, Pneumococcal)	<i>H. influenzae</i> : 2-4 days Meningococcal: 2-10 days, usually 3-4 days. Pneumococcal: 1-4 days	By direct contact or droplet spread of nasopharyngeal secretions of an infected person.	Sudden onset of fever, headache, nausea, stiff neck and photophobia. Rash may occur in cases of meningococcal disease.	CASE: Exclude from school during acute illness. Non-communicable after 24-48 hours of appropriate drug therapy. CONTACTS: School exclusion not indicated. Discuss with your local health department to determine if close contacts need prophylactic treatment for <i>H. influenzae</i> or meningococcal meningitis.
Mumps*	From 12-25 days, usually 16-18 days.	By droplet spread or by direct contact with the saliva of an infected person.	Fever with swelling and tenderness of one or both parotid glands located below and in front of the ears. Unrecognized mild cases without swelling may occur. Communicable from 3 days before swelling until 5 days after.	CASE: Exclude from school for 5 days after the onset of parotid gland swelling. CONTACTS: School exclusion not indicated.

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DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Norovirus	From 12-48 hours	Primarily by the fecal-oral route through direct contact or ingestion of contaminated food. Transmission is also possible through contact with surfaces contaminated by, or direct contact with, the vomit of an infected person.	Sudden onset of vomiting and/or diarrhea, abdominal cramps, and nausea.	CASE: Exclude from school until 24 hours after symptoms resolve. Stress importance of proper handwashing as virus is shed in stool for weeks after symptoms resolve. CONTACTS: School exclusion not indicated.
Pediculosis (Head Lice)	Eggs hatch in 7-12 days and reach maturity 9-12 days later.	By direct contact with an infested person or their personal belongings such as combs, brushes, and hats.	Severe itching and scratching, often with secondary infection. Eggs of head lice (nits) attach to hairs as small, round, gray lumps.	CASE: Notify parents; inform that child has lice and should be treated. School exclusion is not indicated. CONTACTS: Inspect head for evidence of infestation. Refer for treatment if infested.
Pertussis*	From 4-21 days, usually 9-10 days.	By direct contact with respiratory secretions of an infected person by the airborne route.	The initial stage begins with upper respiratory symptoms and increasingly irritating cough. The paroxysmal stage usually follows within 1 to 2 weeks, and lasts 1 to 2 months. Paroxysmal stage is characterized by repeated episodes of violent cough broken by a high-pitched inspiratory whoop and vomiting. Older children may not have whoop. Convalescence may require many weeks.	CASE: Exclude from school until a physician advises return (usually 5 days after initiation of appropriate antibiotic therapy). Discuss with your local health department. CONTACTS: Exclude on first indication of symptoms.
Ringworm of the Body (Tinea Corporis)	Unknown.	By contact with lesions of an infected person, animals or fomites.	Circular well-demarcated lesion that can involve face, trunk, or limbs. Itching is common.	CASE: Exclusion from school not indicated as long as lesions are covered or child is receiving treatment. CONTACTS: School exclusion is not indicated.
Rubella* (German Measles)	From 12 to 23 days, usually 14 to 17 days.	By direct contact or droplet spread of nasopharyngeal secretions of an infected person.	Mild symptoms; slight fever, rash of variable character lasting about 3 days, enlarged head and neck lymph glands common. Joint pain may occur, especially in older children and adults. Communicable for 7 days before onset of rash and at least 7 days thereafter.	CASE: Exclude from school for 7 days after onset of rash. Avoid exposure to women in early pregnancy. Check immunization records of all students. Discuss with your local health department. CONTACTS: Discuss with your local health department; unimmunized contacts may need to be excluded. Those who are pregnant and not immunized should be urged to seek medical advice.

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DISEASE	INCUBATION PERIOD	TRANSMISSION	COMMON SYMPTOMS	RECOMMENDATIONS
Scabies	Persons without previous exposure: 4 to 6 weeks. Previously infested and sensitized: 1-4 days after re-exposure.	By direct skin-to-skin contact.	Begins as itchy raised areas around finger webs, wrists, elbows, armpits, belt-line, and/or genitalia. Extensive scratching often results in secondary infection.	<p>CASE: Exclude from school until 24 hours of appropriate treatment has been completed.</p> <p>CONTACTS: Inspect for evidence of infestation and refer for treatment if necessary. School exclusion is not indicated in the absence of infestation.</p>
Streptococcal Diseases (Including Impetigo, Scarlet Fever, and "Strep" throat)	Variable, often 2-5 days, may be longer.	By direct contact with infected persons and carriers or by contact with their respiratory droplets.	<p>Impetigo: Multiple skin lesions usually of exposed area (e.g., elbows, legs, and knees), but may involve any area. Lesions vary in size and shape, and begin as blisters, which rapidly mature into brown crusts on a reddened base. Healing from center outward produces circular areas, which may resemble ringworm.</p> <p>Scarlet Fever: Fever, sore throat, exudative tonsillitis or pharyngitis. Sandpaper-like rash appears most often on neck, chest, and skin folds of arms, elbows, groin, and inner aspect of thighs.</p> <p>"Strep" throat: Sudden onset of fever, sore throat, exudative tonsillitis or pharyngitis, and enlarged lymph nodes. Symptoms may be absent in some cases.</p>	<p>CASE: Exclude from school until lesions are healed or until 24 hours of antibiotic treatment has been completed.</p> <p>CONTACTS: Exclusion from school not indicated. Observe carefully for symptoms.</p> <p>CASE: Exclude from school during acute illness. Non-communicable after 24 hours of appropriate drug therapy.</p> <p>CONTACTS: Exclude on first indication of symptoms. Culturing of school contacts and treatment of carriers not usually indicated.</p> <p>CASE: Exclude from school until 24 hours of antibiotic treatment has been completed.</p> <p>CONTACTS: Exclusion from school not indicated. Observe carefully for symptoms.</p>

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