MARION COUNTY CHILDREN SERVICES

Communicable Disease Screening

Name ___________________________ Sex _______ Birthdate _____ / _____ / _____

Based on a communicable disease screening done on, _____ / _____ / _____,
the following observations were made:

☐ No evidence of communicable disease noted at this time.
☐ Health Concern (as noted below)
☐ Mantoux done (read in 48 – 72 hours)

Notes: _______________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

_________________________________________
Marion County Public Health Nurse

Rev: (6-8-2001) 11-3-2004