

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