








# I need to stay home from school/work if:

| I HAVE A FEVER                                                                    | I AM VOMITING                                                                     | I HAVE DIARRHEA                                                                   | I HAVE A RASH                                                                      | I HAVE HEAD LICE                                                                    | I HAVE AN EYE INFECTION                                                             | I HAVE BEEN IN THE HOSPITAL                                                         |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  |  |  |  |  |  |  |
| Temperature of 100.4 or higher                                                    | Within the past 24 hours                                                          | Within the past 24 hours                                                          | Rash for unknown reason and/or unknown origin                                      | Itchy head, active head lice                                                        | Redness, itching, drainage, and/or sensitivity to light                             | Hospital stay and/or ER visit                                                       |

# I am ready to go back to school/work when I am:

|                                                                                             |                                          |                                          |                                                                                                               |                                                                                                                       |                                                                         |                                                                                            |
|---------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| Fever free for 24 hours without the use of fever-reducing medication (i.e. Tylenol, Motrin) | Free from vomiting for at least 24 hours | Free from diarrhea for at least 24 hours | Free from rash, itching. Evaluated by my healthcare provider, if needed. Medical note provided, if requested. | Treated with appropriate lice treatment at home. No live lice present. May be still working to remove nits from hair. | Evaluated by my healthcare provider. Note to return to school provided. | Released by my healthcare provider to return to school. Note to return to school provided. |
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