



DUVAL COUNTY PUBLIC SCHOOLS
FLORIDA DEPARTMENT OF HEALTH – DUVAL COUNTY
SCHOOL HEALTH SERVICES



Observation of Symptoms

Name _____

Date _____

Student ID _____

School Year _____

Dear Parent or Legal Guardian,

Your child was seen today for:

- Cough and/or Congestion
Fever (temperature _____)
Sore throat
Headache
Nausea and/or Vomiting
Eye Problems R L
Ear Problems R L
Stomachache
Diarrhea
Toothache
Rash
Possible Impetigo
Possible Pink Eye R L
Possible Ringworm
Cuts/Scrapes
Body or/or Head Sores
Other _____

It is required that:

- Your child remain home until improved (if no improvement, call your child's health care provider for an appointment)
Your child is fever/symptom free without the use of any fever reducing substances or anti-diarrheal medication for a minimum of 24 hours before returning to school
Child must have a note from a health care provider in order to return to school
Other: _____

It is recommended that:

- You take your child to your health care provider or clinic for medical evaluation
You make a dental appointment for your child (see attached referral list if needed)
Other: _____

Comments: _____

If you have any questions, please feel free to contact me at _____

Sincerely,
