Dear Pediatric Health Provider,

_______________________ has been excluded from Navy Child Care on _______ for the following health reason:

☐ Unable to participate in normal activities

☐ Requires more care than staff can provide

☐ Displays what could be a symptom of an illness that merits exclusion according to the American Academy of Pediatrics/American Public Health Association

☐ Has a temperature _________     _________ Degree     Time

CYP Representative Signature: __________________________________________       Date: ____________________

Please assess this child by history and physical exam (labs only if needed) for:

1. the **presence of harmful communicable illness** such as, enteric pathogens (salmonella, shigella, E. coli 0157:H7, campylobacter, giardia, hepatitis A), pertussis, measles, mumps, varicella, rubella, diphtheria, or tuberculosis

2. the **presence of signs/symptoms of severe illness** such as, dehydration, respiratory distress, or lethargy

3. the **presence of any condition that would preclude the child from returning** to normal child care.

Please indicate below:

- Harmful communicable disease No ☐  Yes ☐

- Signs of severe illness No ☐  Yes ☐

- Condition precluding return No ☐  Yes ☐

If yes, may return once ___________________________________________________________ resolves.

Diagnosis/Treatment: __________________________________________________________________________________________

If needed, please **complete a medication administration form** (include Tylenol or Motrin). **Do not write prn orders.** These are confusing for child care providers. **Include an Asthma Action Plan** for acutely ill asthmatics.

Signature/Stamp: __________________________________________________________________________________________

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**PRIVACY ACT**

**AUTHORITY:** P.L. 101-89, Sec, 1507, “Military Child Care Act of 1989”; Title 5 U.S.C. 301 Department Regulations; E.O. 9397; and OPNAVINST 1700.9 “Child and Youth Programs.”

**PURPOSE:** To provide information to your child’s physician related to their exclusion due to illness from the Navy Child and Youth Program and to obtain information related to the child’s return to the program.

**ROUTINE USES:** Information may be furnished to military or civilian doctors or hospitals in the course of obtaining medical attention for children.

**VOLUNTARY DISCLOSURE:** Furnishing the information is voluntary; however, failure to provide the requested information could result in denial of a child’s admission to the CYP.