HEAD LICE TREATMENT NOTIFICATION FORM

Date: _____ Time: _____

RE: _____

Date of Birth: _____

This individual has:

____ Been examined and is free of _____

____ Completed initial head lice treatment and is free of head lice at the current time. Treatment must be repeated in 7-10 days and the individual reexamined at that time.

____ Completed the second and final treatment and has been determined to be free of head lice from this episode.

_____
Public Nurse

Adoption Date: August 10, 2015