

READMISSION TO SCHOOL
(Form 3)

STUDENT _____ DATE _____
SCHOOL _____ GRADE _____

The above student has been examined and found to show progressive improvement as evidenced by no live lice and a decrease in nits.

This form must be returned to school and signed below by any one of the following: school nurse, health aide, family physician, or health department.

Signed:

_____	_____	_____
School Nurse/Health Aide	Date	Time
_____	_____	_____
Family Physician	Date	Time
_____	_____	_____
Gallia County Health Department	Date	Time

[Adoption date: March 18, 1998]

Revised: February 19, 2014