

Navy Child and Youth Programs  
**ILLNESS NOTIFICATION/CLEARANCE FORM**

REQUIRING DIRECTIVE: OPNAVINST 1700.9

Dear Pediatric Health Provider,

\_\_\_\_\_ has been excluded from Navy Child Care on \_\_\_\_\_ for the following health reason:  
(Child's Name) (Date)

- 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: \_\_\_\_\_

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.