

LODI UNIFIED SCHOOL DISTRICT

Special Services/Health Division

QUESTIONABLE SKIN RASH/LESION

Date: _____

School: _____ Teacher: _____ Grade: _____

Dear Parent/Guardian:

Your child _____ has a questionable skin rash/lesion located _____ . **This rash/lesion needs to be seen by a health care provider/physician for an accurate diagnosis. This rash/lesion may be communicable or it may be indicative of a serious illness.** Please have your health care provider/physician complete the information below. **Your student may not come back to school until this form is returned to the school office.** If you have any questions, please contact Special Services/Health Division at 331-7075.

Thank you,

DOCTOR'S REPORT TO SCHOOL

Diagnosis _____

Treatment Plan _____

Communicable? Yes _____ No _____ Student may return to school on _____ (Date)

Name of Examiner (Please Print) _____

Signature of Examiner _____ Date _____

Address _____ Phone _____ Fax _____

In accordance with California Education Code #8252.