

Jefferson County Public Schools

Healthcare Provider's Statement of Examination and Release to Return to School Head Lice Free

I have examined _____ on _____ and find that
(Name of child) (Date)

- He/she is
- lice free
 - nit free
 - lice and nit free
 - has nits only

If the "has nits only box" is checked, both the parent/guardian and I understand that this child will be rechecked at school five (5) school days from the date he/she returns to school.

Signature of HealthCare Provider

Signature of Parent/Guardian

Printed Name of HealthCare Provider

Printed Name of Parent/Guardian

Address of Examiner

Phone Number of Examiner