



Pediatric Services  
 Sibling/Visitor Health Screen.  
 (For visitors 14 years old and younger)

Because the children hospitalized in this ward have less ability to fight infection than other children, it is extremely important that family, friends, and other visitors do everything they can to help protect the patients from outside infections. The questions listed below are designed to limit visitors who might bring an infection to an already ill child.

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| <p><b>Patient Name:</b> _____<br/> <b>Room Number:</b> _____</p> <p><b>Childs Name:</b> _____</p> <p><b>Are the child's immunizations up-to-date:</b>    Y        N</p> <p>Has the child experienced any of the following within the <b>last 48 hours:</b></p> <p>Fever &gt; 100 degrees                    Y        N<br/> Cold or Flu                                    Y        N<br/> Vomiting                                      Y        N<br/> Diarrhea                                      Y        N<br/> Pink eye                                        Y        N<br/> Cough                                         Y        N<br/> Runny Nose                                  Y        N<br/> Rash    Y        N<br/> Sore Throat                                  Y        N<br/> Open or draining sores                    Y        N</p> <p>In the <b>last 3 weeks</b> Has the child been exposed (had close contact in the family, school, daycare) to:</p> <p>Chicken pox                                 Y        N<br/> Influenza                                      Y        N<br/> Children with diarrhea                    Y        N<br/> Measles/Mumps                            Y        N<br/> Rubella                                        Y        N<br/> Whooping cough (Pertussis)            Y        N<br/> Strep throat                                 Y        N<br/> Hepatitis                                      Y        N</p> <p>In the <b>last 3 weeks</b> has the visiting child received a live virus immunization such as:</p> <p>Chicken pox vaccine (varicella)        Y        N<br/> Polio (oral)                                 Y        N<br/> Inhaled Influenza vaccine, (Flumist)    Y        N</p> <p>I have read the above and provided accurate information for the infectious disease screen.</p> <p>Parent/Guardian signature _____<br/> Date: _____</p> <p>Staff signature: _____<br/> Date: _____</p> | <p><b>Patient Name:</b> _____<br/> <b>Room Number:</b> _____</p> <p><b>Childs Name:</b> _____</p> <p><b>Are the child's immunizations up-to-date:</b>    Y        N</p> <p>Has the child experienced any of the following within the <b>last 48 hours:</b></p> <p>Fever &gt; 100 degrees                    Y        N<br/> Cold or Flu                                    Y        N<br/> Vomiting                                      Y        N<br/> Diarrhea                                      Y        N<br/> Pink eye                                        Y        N<br/> Cough                                         Y        N<br/> Runny Nose                                  Y        N<br/> Rash    Y        N<br/> Sore Throat                                  Y        N<br/> Open or draining sores                    Y        N</p> <p>In the <b>last 3 weeks</b> Has the child been exposed (had close contact in the family, school, daycare) to:</p> <p>Chicken pox                                 Y        N<br/> Influenza                                      Y        N<br/> Children with diarrhea                    Y        N<br/> Measles/Mumps                            Y        N<br/> Rubella                                        Y        N<br/> Whooping cough (Pertussis)            Y        N<br/> Strep throat                                 Y        N<br/> Hepatitis                                      Y        N</p> <p>In the <b>last 3 weeks</b> has the visiting child received a live virus immunization such as:</p> <p>Chicken pox vaccine (varicella)        Y        N<br/> Polio (oral)                                 Y        N<br/> Inhaled Influenza vaccine, (Flumist)    Y        N</p> <p>I have read the above and provided accurate information for the infectious disease screen.</p> <p>Parent/Guardian signature _____<br/> Date: _____</p> <p>Staff signature: _____<br/> Date: _____</p> | <p><b>Patient Name:</b> _____<br/> <b>Room Number:</b> _____</p> <p><b>Childs Name:</b> _____</p> <p><b>Are the child's immunizations up-to-date:</b>    Y        N</p> <p>Has the child experienced any of the following within the <b>last 48 hours:</b></p> <p>Fever &gt; 100 degrees                    Y        N<br/> Cold or Flu                                    Y        N<br/> Vomiting                                      Y        N<br/> Diarrhea                                      Y        N<br/> Pink eye                                        Y        N<br/> Cough                                         Y        N<br/> Runny Nose                                  Y        N<br/> Rash    Y        N<br/> Sore Throat                                  Y        N<br/> Open or draining sores                    Y        N</p> <p>In the <b>last 3 weeks</b> Has the child been exposed (had close contact in the family, school, daycare) to:</p> <p>Chicken pox                                 Y        N<br/> Influenza                                      Y        N<br/> Children with diarrhea                    Y        N<br/> Measles/Mumps                            Y        N<br/> Rubella                                        Y        N<br/> Whooping cough (Pertussis)            Y        N<br/> Strep throat                                 Y        N<br/> Hepatitis                                      Y        N</p> <p>In the <b>last 3 weeks</b> has the visiting child received a live virus immunization such as:</p> <p>Chicken pox vaccine (varicella)        Y        N<br/> Polio (oral)                                 Y        N<br/> Inhaled Influenza vaccine, (Flumist)    Y        N</p> <p>I have read the above and provided accurate information for the infectious disease screen.</p> <p>Parent/Guardian signature _____<br/> Date: _____</p> <p>Staff signature: _____<br/> Date: _____</p> |
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