

## Head Lice Search Results

### **Child**

Student Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Class: \_\_\_\_\_

### **Examination**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Health Aide/Nurse: \_\_\_\_\_

Equipment Used: \_\_\_\_\_

Results: \_\_\_\_\_

### **Child Is...**

- ☐ Lice-free and may return to class immediately
- ☐ Infected with lice and may not return to class until no live lice can be found.

Signature: \_\_\_\_\_

[www.FreePrintableMedicalForms.com](http://www.FreePrintableMedicalForms.com)

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