**INFECTION CONTROL**

**Communicable Disease Policy**

POLICY:

It shall be the policy of Partners in Pediatric Therapy Name to abide by the following:

All patients, or parents or guardians of patients, shall telephone to cancel and reschedule appointments when the patient may have one or more symptoms of a contagious disease. This will aid in the protection of the health of the staff, other patients, and family members.

Symptoms: Fever > 100 degrees F

Vomiting/Nausea

Open/Draining Lesion

Lice

Chicken Pox

Measles

Productive cough

Impetigo

Conjunctivitis/pink eye

Strep Throat

Diarrhea

Any Other Contagious Disease Not Listed

I agree to abide by the above stated policy:

Parent / Guardian Signature

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Date:

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