



Early Learning and Childcare Facility
Return after Exclusion Form

Facility Instructions: *Please ensure that this form is completed before any child is re-admitted to an early learning and childcare facility after being excluded due to an illness.*

Section A – General Information		
Facility Name	Licence Number	Date
Address	Telephone Number	Fax Number

Section B – Child Information		
Child's Name	Date of Birth	Name of Illness
Date of Illness Onset	Date of Diagnosis <i>(if applicable)</i>	Date Treatment Began <i>(if applicable)</i>
If illness is E.coli, Shigella or Salmonella typhi (Typhoid Fever), please complete Section A and B and send to Public Health to complete Section D below.		

Section C – Confirmation of Exclusion	
I have verified that _____ (name of child) has met the exclusion criteria as defined in the “Common Childhood Communicable Diseases and Exclusion Periods”, is symptom free and is well enough to take part in regular childcare facility activities.	
Signature of Facility Staff	Signature of Parent/Guardian
Date	Date

Section D – Confirmation of Exclusion for E.coli, Shigella or Salmonella typhi (Typhoid Fever)	
This section is to be completed by Public Health for E.coli, Shigella or Salmonella typhi (Typhoid Fever) and the form returned to the early learning and childcare facility.	
As per the exclusion criteria (refer to the Guidelines for the Prevention and Control of Communicable Diseases in Early Learning and Childcare (ELC) Facilities), I confirm that I have seen proof of:	
<input type="checkbox"/> E. coli and Shigella - two negative stool cultures taken 24 hours apart <input type="checkbox"/> Salmonella typhi (Typhoid Fever) - multiple negative stool cultures (number of cultures to be determined by Public Health)	
This individual no longer needs to be excluded from childcare because of illness.	
Signature of Public Health Official	Date