

**National Institutes of Health -- Clinical Center**

**Health Screen Tool for Pediatric Visitors**

VISITOR'S FIRST NAME AND LAST NAME INITIAL \_\_\_\_\_ Date \_\_\_\_\_

**1. Has the child displayed any of the following symptoms in the last 7 days?**

	YES*	NO	Don't know
Cough			
Diarrhea			
Eye Infection/Drainage			
Fever			
Rash			
Runny Nose			
Sore Throat			
Vomiting			

**2. Has the child been exposed to any of the following in the last 6 weeks?**

	YES*	NO	Don't know
Chicken Pox			
Head Lice			
Measles			
Mumps			
Pertussis (Whooping Cough)			
Scabies			

**3. Has the child received an immunization (shot or liquid) in the last 6 weeks?**

YES\*

NO

Don't know

**4. Please instruct parent(s) of patient to inform patient's nurse if visitor develops any new symptoms or exposures.**

**5. Visit approved?**

YES

NO

**\*If YES – Child needs further assessment. See Health Screen Guidelines.**

**For unusual situations, please check with the epidemiology service – 301-496-2209 or call the on-call pediatrician through the page operator 301-496-1211.**

**Health Screen Guidelines**  
**Visitation allowance/ exclusion due to infectious exposure**

Exposure	If a pediatric visitor has been exposed to this disease, should this child be allowed to visit?	If no, when can the child be allowed to visit?
<b>Chickenpox</b>	<ul style="list-style-type: none"> <li>• Yes, if visitor considered immune (history of chickenpox or chickenpox vaccine).</li> <li>• No, if visitor considered susceptible and exposure was 10-21 days ago.</li> </ul>	<ul style="list-style-type: none"> <li>• When exposure is more than 21 days ago and chickenpox has not developed.</li> </ul>
<b>Enterovirus (nonpolio, e.g., coxsackieviruses, echoviruses)</b>	<ul style="list-style-type: none"> <li>• Yes. Particular attention should be given to handwashing and personal hygiene.</li> </ul>	
<b>Head Lice</b>	<ul style="list-style-type: none"> <li>• Yes, if visitor has received treatment.</li> <li>• Yes, if patient has history of exposure to this visitor. Restrict visitor activity to patient's room. Notify patient's physician.</li> <li>• No, if visitor considered exposed, treatment not given, and patient has no history of exposure to this visitor.</li> </ul>	Either: <ul style="list-style-type: none"> <li>• Anytime after treatment, or</li> <li>• Visual examination by medical/nursing staff identifies no nits or lice.</li> </ul>
<b>Measles</b>	<ul style="list-style-type: none"> <li>• Yes, if visitor considered immune (history of measles vaccine or measles. Measles vaccination within 72 hours of exposure is protective.)</li> <li>• No, if visitor considered susceptible and exposure occurred 1-21 days ago. Call HES at 301-496-2209.</li> </ul>	<ul style="list-style-type: none"> <li>• When exposure is more than 21 days ago and measles has not developed.</li> </ul>
<b>Mumps</b>	<ul style="list-style-type: none"> <li>• Yes, if visitor considered immune (history of mumps or mumps vaccine).</li> <li>• No, if visitor considered susceptible and exposure was 1-26 days ago.</li> </ul>	<ul style="list-style-type: none"> <li>• When exposure is more than 26 days ago and mumps has not developed</li> </ul>
<b>Pertussis (whooping cough)</b>	<ul style="list-style-type: none"> <li>• Yes, if visitor considered immune (received <math>\geq</math> 4 doses pertussis vaccine).</li> <li>• No, if visitor considered susceptible and exposure was 6-20 days ago.</li> </ul>	<ul style="list-style-type: none"> <li>• When exposure is more than 20 days ago and cough has not developed.</li> </ul>
<b>Scabies</b>	<ul style="list-style-type: none"> <li>• No, if visitor or visitor's parents report itching.</li> <li>• No, if significant exposure occurred <math>&lt;</math> 6 weeks ago</li> </ul>	<ul style="list-style-type: none"> <li>• After treatment for scabies is completed.</li> </ul>

### Visitation allowance/ exclusion due to diagnosis of infection

Disease	If a pediatric visitor has been diagnosed with this disease, should this child be allowed to visit?	If no, when can the child be allowed to visit?
<b>Chickenpox</b>	<ul style="list-style-type: none"> <li>• No.</li> <li>• Call HES at 301-496-2209.</li> </ul>	Either: <ul style="list-style-type: none"> <li>• Six days after rash appears, or</li> <li>• When blisters have scabbed over.</li> </ul>
<b>Enterovirus (nonpolio, e.g., coxsackieviruses, echoviruses)</b>	<ul style="list-style-type: none"> <li>• No, if visitor has acute hemorrhagic conjunctivitis, blisters in the mouth and is drooling, or has weeping lesions on the hands.</li> </ul>	<ul style="list-style-type: none"> <li>• Anytime after resolution of the acute hemorrhagic conjunctivitis, blisters in the mouth or weeping lesions on the hands.</li> <li>• Particular attention should be given to handwashing and personal hygiene as the virus can be excreted for weeks after symptom resolution.</li> </ul>
<b>Head Lice</b>	<ul style="list-style-type: none"> <li>• Yes, if patient has history of exposure to this visitor. Restrict visitor activity to patient's room.</li> <li>• No, if patient has no history of exposure to this visitor.</li> </ul>	<ul style="list-style-type: none"> <li>• Anytime after treatment.</li> </ul>
<b>Measles</b>	<ul style="list-style-type: none"> <li>• No.</li> <li>• Call HES at 301-496-2209.</li> </ul>	<ul style="list-style-type: none"> <li>• Five days after rash appears and patient's attending physician says it is safe.</li> </ul>
<b>Mumps</b>	<ul style="list-style-type: none"> <li>• No.</li> <li>• Call HES at 301-496-2209.</li> </ul>	<ul style="list-style-type: none"> <li>• Nine days after swelling begins.</li> </ul>
<b>Pertussis (whooping cough)</b>	<ul style="list-style-type: none"> <li>• No.</li> <li>• Call HES at 301-496-2209.</li> </ul>	<ul style="list-style-type: none"> <li>• Five days after antibiotics begun and patient's attending physician says it is safe.</li> </ul>
<b>Pinworms</b>	<ul style="list-style-type: none"> <li>• Yes, if patient has history of exposure to this visitor. Restrict visitor activity to patient's room. Emphasize handwashing. Notify patient's physician.</li> <li>• No, if patient has no history of exposure to this visitor.</li> </ul>	<ul style="list-style-type: none"> <li>• 24 hours after treatment and bathing.</li> </ul>
<b>Ringworm</b>	<ul style="list-style-type: none"> <li>• Yes, if lesion can be covered or after treatment has begun and the visitor's parent reports the lesion is shrinking.</li> <li>• No, if lesion cannot be covered.</li> </ul>	<ul style="list-style-type: none"> <li>• If treatment has begun and the visitor's parent reports the lesion is shrinking.</li> </ul>
<b>Rubella</b>	<ul style="list-style-type: none"> <li>• No.</li> <li>• Call HES at 301-496-2209.</li> </ul>	<ul style="list-style-type: none"> <li>• 7 days after rash appears and patient's attending physician says it is safe. Call physician for congenital rubella.</li> </ul>
<b>Scabies</b>	<ul style="list-style-type: none"> <li>• Yes, if visitor has been treated.</li> </ul>	<ul style="list-style-type: none"> <li>• After treatment has been completed.</li> </ul>
<b>Streptococcal sore throat</b>	<ul style="list-style-type: none"> <li>• Yes, 24 hours after treatment has begun.</li> </ul>	<ul style="list-style-type: none"> <li>• 24 hours after treatment has begun.</li> </ul>

	<ul style="list-style-type: none"> <li>No, if treatment has not been received for at least 24 hours.</li> </ul>	
<b>Active Tuberculosis</b>	<ul style="list-style-type: none"> <li>No.</li> <li>Call HES at 301-496-2209.</li> </ul>	<ul style="list-style-type: none"> <li>Only if approved by both HES and patient's attending.</li> </ul>

### Visitation allowance/ exclusion due to immunization (shot or liquid) in last 6 weeks

<b>Immunization</b>	If a pediatric visitor has received this immunization, should this child be allowed to visit?	If no, when can the child be allowed to visit?
<b>Chickenpox</b>	<ul style="list-style-type: none"> <li>Yes, if visitor has no vaccine-related rash.</li> <li>If vaccine-related rash is covered, may allow with physician approval.</li> <li>No, if visitor has vaccine-related rash that cannot be covered.</li> </ul>	<ul style="list-style-type: none"> <li>When vaccine-related rash is resolved or with physician approval.</li> </ul>
<b>DTaP (or DPT)</b>	<ul style="list-style-type: none"> <li>Yes.</li> </ul>	
<b><i>Haemophilus influenzae</i> type b conjugate</b>	<ul style="list-style-type: none"> <li>Yes.</li> </ul>	
<b>Hepatitis A</b>	<ul style="list-style-type: none"> <li>Yes.</li> </ul>	
<b>Hepatitis B</b>	<ul style="list-style-type: none"> <li>Yes.</li> </ul>	
<b>Influenza</b>	<ul style="list-style-type: none"> <li>Yes.</li> </ul>	
<b>MMR</b>	<ul style="list-style-type: none"> <li>Yes.</li> </ul>	
<b>Poliomyelitis - oral (OPV)</b>	<ul style="list-style-type: none"> <li>If patient is immunocompromised, allow with physician approval only.</li> <li>Yes, if patient has history of poliomyelitis immunization. Emphasize handwashing.</li> <li>No, if visitor has diarrhea.</li> </ul>	Either: <ul style="list-style-type: none"> <li>Diarrhea resolved, or</li> <li>Patient's attending physician says it is safe. Emphasize handwashing.</li> </ul>
<b>Poliomyelitis - injection (IPV)</b>	<ul style="list-style-type: none"> <li>Yes.</li> </ul>	
<b>Rotavirus</b>	<ul style="list-style-type: none"> <li>If patient is immunocompromised, allow with physician approval only.</li> <li>Emphasize handwashing.</li> </ul>	<ul style="list-style-type: none"> <li>Patient's attending physician says it is safe. Emphasize handwashing.</li> </ul>