

4500 Peek Trail

Chesapeake, Va. 23321

757-375-1560

**HEALTH AND ABSENTEE MONITORING FORM**

**Print Name (of person with health concern) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Symptoms Present/ Reason for absence:**

**Symptoms Began on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Eligible for return on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you have further questions regarding health concerns or if symptoms worsen, please contact a phsycian. For concerns related to Plan Bee Academy and when to return to the facility contact Corey Holmes 757-338-3475** [**coholmes@planbeeacademy.org**](mailto:coholmes@planbeeacademy.org) **and/or Brandi Riddick, RN 757-904-3339** [**PBANursing@yahoo.com**](mailto:PBANursing@yahoo.com)

**I understand the guidelines provided for returning to Plan Bee Academy and have been offered a copy of this form with the guidelines included.**

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**Signature Relation to person with health concern**