**OFF-CAMPUS RETURN EVALUATION**

Resident Name

Cottage Return date: Return time:

**REASON YOUTH LEFT CAMPUS** *(check all that apply):*

* Home visit  Doctor’s Visit  Court  Recreation  AWOL  School  Work

**DOES YOUTH REPORT NOW OR DURING TIME AWAY** *(check all that apply):*

* fever  headache  sore throat  runny nose  body aches  none

**If youth visited a residence during their time away, did anyone in the household experience** *(check all that apply):*

* fever  headache  sore throat  runny nose  body aches

***COMPLETED BY RESIDENTIAL STAFF:***

DATE: TIME:

NAME (PRINT):

SIGNATURE:

***If youth reports any symptoms above, please bring them to the health center.***

**EVALUATED BY HEALTH CENTER STAFF**

Youth is cleared to return to cottage:  Yes  No

DATE: TIME:

NAME (PRINT):

SIGNATURE: