

RONALD MCDONALD HOUSE - INFECTIOUS DISEASE QUESTIONNAIRE

Many times, the children we serve are being treated for life-threatening conditions. As a result these children are not able to fight off common illnesses and exposure to certain infectious diseases can be life threatening. It is for this reason we ask you to report ANY illnesses you or your family may have been exposed to, develop during your stay or within 2 weeks of leaving immediately. If you plan for your child (receiving treatment) to spend time at RMH, it is your responsibility to discuss the potential risk with the child's physician and determine if it is safe for the child to be exposed to other adults and children.

Please indicate if you or anyone staying with you in the House has had, has been diagnosed with or has been exposed to ANY of the following conditions in the past 30 days:

CONDITION YES NO Date(s)

Undiagnosed Fever			
Diarrhea			
Flu			
RSV			
SARS			
Tuberculosis			
Meningitis			
Strep Throat			
Pink Eye (Conjunctivitis)			
Scabies, Ringworm, Impetigo			
Rubella, Mumps, Measles			
Chicken Pox, Shingles			
Typhoid Fever			
Shigella			
E. Coli			
Salmonella			
Hepatitis A, B or C			
HIV/AIDS			

If you have answered "YES" to any of these conditions please read and sign the following:
 I give the RMH permission to obtain information regarding potentially contagious condition(s) as indicated on this form from the physician/medical staff treating me. Please fill in blanks below:

Print Name Date

Signature

Physician treating condition

Physician Contact Number

Infectious Disease Release of Liability - Risk of Exposure to Infectious Diseases

By signing the Infectious Disease Release of Liability Statement, I am stating that I understand that I may be exposed to individuals suffering from infectious diseases. I understand that it is the policy of the Ronald McDonald House of Northwest Florida not to admit persons who pose a health risk to other individuals. I understand that it is the policy of the Ronald McDonald House of Northwest Florida to refuse admission to persons who have indicated a potential health hazard by having been exposed to any such diseases. I further acknowledge and agree that by staying in or visiting the RMH I, my assigned heirs and legal representatives release from and will not make claim against, sue, or attach the property of the Ronald McDonald House Charities of Northwest Florida, its directors, employees, agents or affiliated organizations for injury or death resulting from any direct or indirect exposure to infectious diseases in or about the RMH. I have carefully read the following and fully understand its contents.

I have read and agree to the Infectious Disease Release of Liability statement.
