

Lice Inspection

I, _____,
certify that the following child, _____
shows no evidence of lice, nits, or eggs.

Date: _____

Printed name of inspector & profession (must be a nurse,
nurse practitioner, physician assistant, physician, or
cosmetologist)

Signature

Lice Inspection

I, _____,
certify that the following child, _____
shows no evidence of lice, nits, or eggs.

Date: _____

Printed name of inspector & profession (must be a nurse,
nurse practitioner, physician assistant, physician, or
cosmetologist)

Signature
