Clinic Pass

Student:	
Teacher:	
Date:	
Time:	
Reason for Referral: Circle appropriate of	one(s)
Fever Stomachache Heada	Disposition uche
Toothache Sore Throat Rash	Time to Class:
Has Head on Desk Needs to take Med Med. Is in the clinic Yes No	?
Injury (type)Other	
Student:	Clinic Pass
Teacher:	
Date:	
Гіте:	
Reason for Referral: Circle appropriate one	(s) Disposition
Fever Stomachache Headach	I
Toothache Sore Throat Rash Has Head on Desk Needs to take Medicin	Comments to Teachers
Med. Is in the clinic? Yes No njury (type)	
Other	**Return to Nurse's Mailbox Daily