

Clinic Pass

Student: _____

Teacher: _____

Date: _____

Time: _____

| | | |
|--|--|----------|
| Reason for Referral: Circle appropriate one(s) | | |
| Fever | Stomachache | Headache |
| Toothache | Sore Throat | Rash |
| Has Head on Desk | Needs to take Medicine Med. Is in the clinic? Yes____ No____ | |
| Injury (type) _____ | | |
| Other _____ | | |

Disposition

Time to Class: _____

Comments to Teacher:

**Return to Nurse's Mailbox Daily

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