

Nurse Pass

HEALTH REFERRAL TO NURSE/OFFICE

Student Name			
Grade		Date	
Teacher		Time	
Room			

Reason for referral to nurse/office:

Cold Symptoms		Ears	
Sore Throat		Headache	
Rash		Stomach	
Injury		Other	
Eyes			

Nurse Assessment / Actions:

Temperature	
Rest in nurse's office	
Called home	
Sent home	
Other	

Comments:

PLEASE PROVIDE EMERGENCY CONTACT NUMBER

Nurse/Office Signature _____

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