

SOUTHEASTERN UTAH DISTRICT HEALTH DEPARTMENT

28 S. 100 E. P.O. Box 800 Price, Utah 84501 (435) 637-3671 Fax (435) 637-1933

DAVE CUNNINGHAM, RN Health Director

JOYCE PIERCE, RN Nursing Director

CLARON BJORK, Ph.D. Environmental Health Director

JEAN RODRIGUEZ Budget & Accounting Officer

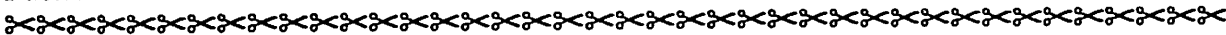
P.O. Box 644, Castle Dale, Utah 84513 • 381-2252 P.O. Drawer E, Moab, Utah 84532 • 259-5602 P.O. Box 127, Monticello, Utah 84535 • 587-2021 P.O. Box E, Blanding, Utah 84511 • 678-2723

Dear parent or guardian,

I am your child's school nurse. In order to serve your child's needs better would you please answer the following questions regarding the health status of your child and return it to the school. If you have questions please call me at 435-381-2252.

Thank you,

Dana Olsen RN Public Health Nurse



STUDENT NAME _____ BIRTHDATE _____ SEX: M F

PARENT'S NAME _____ PHONE _____

- 1. Does the student have a chronic illness or disability? Y N If yes explain
2. Does the student require medication at school regularly? Y N If yes what medication
3. Does the student require a special health procedure at school? Y N If yes explain
4. Has the student had serious illness or injury? Y N If yes explain
5. Does the student wear: Glasses Contacts
6. Does the student have: Hearing Aids
7. Does the student have allergies? Y N If yes explain