



ACS Jakarta

### HEALTH REFERRAL TO NURSE

Student :		Date :	
Grade :		Time : am/pm	
Teacher/Subject :		Teacher's Signature	

**Check or note reason for referral to nurse**

- |   |                                      |  |
|---|--------------------------------------|--|
| <input type="checkbox"/> Allergy        | <input type="checkbox"/> Nosebleeds  | <input type="checkbox"/> Dental Problems |
| <input type="checkbox"/> Fever          | <input type="checkbox"/> Scratches   | <input type="checkbox"/> Ear Problems    |
| <input type="checkbox"/> Headache/dizzy | <input type="checkbox"/> Sore throat | <input type="checkbox"/> Eye Problems    |
| <input type="checkbox"/> Injury         | <input type="checkbox"/> Stomachache | <input type="checkbox"/> Others .....    |

**Notes from clinic**

Time : am/pm

Back to class : am/pm  
 Name of Nurse :  
 Signature

- Note:
- This form is returned to homeroom teacher to be attached in student's diary
  - If the student needs to rest at home, homeroom teacher will be informed



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