

REFERRAL TO SCHOOL NURSE

DATE _____ SCHOOL _____

STUDENT _____

REFERRING TEACHER _____

CLASSROOM TEACHER _____

GRADE _____ EC Yes No

REASON FOR REFERRAL: _____

COMMENTS:

NURSE ASSESSMENT

DATE/ASSESSMENT:

PLAN OF ACTION:

GLASSES/CONTACTS WORN _____

REFERRAL YES NO REFERRED TO _____

DATE/FOLLOW-UP:

NURSE SIGNATURE _____