

Mediapolis Community Schools
Clinic Visit Form

_____ was seen @ _____ on _____.

For the complaint of:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Earache R or L |
| <input type="checkbox"/> Sore throat | <input type="checkbox"/> Nosebleed |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Injury to R or L _____ |
| <input type="checkbox"/> Stomachache | <input type="checkbox"/> Other _____ |

If your child has received a clean change of clothes here @ school, please wash the clothing and have your child return them to school.

Treatment given:

Temperature _____

- | | |
|--|--|
| <input type="checkbox"/> Rest | <input type="checkbox"/> Cold pack |
| <input type="checkbox"/> Wound cleansed | <input type="checkbox"/> Cough drop |
| <input type="checkbox"/> Dressing (band aid, gauze) | <input type="checkbox"/> Elastic bandage |
| <input type="checkbox"/> Student condition rechecked @ _____ and was <input type="checkbox"/> improved <input type="checkbox"/> unchanged. | |

Physician exam recommended _____

Comments:

Medication given: _____ @ _____

If you have questions please call me @ 319-394-3101 ext. 1413.

Kelli Petersen RN - School Nurse

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