HEALTH OFFICE PASS			HEALTH OFFICE PASS			
Name_			Name	9		
The Pantiers Date	Time		Date_	Time_	Time	
Complaining of:			Complaining of:			
□ Headache	□ Stomach ache	□ Sore Throat	Headache	□ Stomach ache	□ Sore Throat	
□ Ear ache	□ Toothache	Eye problem	🗆 Ear ache	Toothache	Eye problem	
□ Other			Other			
Showing signs of □ Coughing □	illness:] Vomiting □ Head o	down 🗆 Drowsy	Showing signs of illness: □ Coughing □ Vomiting □ Head down □ Drowsy			
□ Other			Other			
Take Temperature. Results			Take Temperature. Results			
Other			Other			
Teacher			Teacher			
Notes from Health Office			Notes from Health Office			

HEALTH OFFICE PASS		HEALTH OFFICE PASS			
Name		A A A A A A A A A A A A A A A A A A A			
Time		The Puniher Date	Time_		
Complaining of:		Complaining of:			
□ Headache □ Stomach ache	□ Sore Throat	Headache	□ Stomach ache	□ Sore Throat	
□ Ear ache □ Toothache	Eye problem	🗆 Ear ache	Toothache	Eye problem	
□ Other		□ Other			
Showing signs of illness:		Showing signs of illness:			
□ Coughing □ Vomiting □ Head d	own 🛛 Drowsy	Coughing	□ Vomiting □ Head	down 🛛 Drowsy	
□ Other		□ Other			
Take Temperature. Results		Take Temperature. Results			
Other	Other				
Teacher		Teacher			
Notes from Health Office		Notes from Health Office			