NEW LONDON COMMUNITY SCHOOLS HEALTH RECORD

(first)

Name

(last)

(middle)

Address

Birthdate

Name of Parent or Guardian						Phone Family Physician							- Hospital			
Medicine Cortaken regularly an					Conditi	nditions that would have effect on school performance										
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			Comple	eted	_		<u>No</u>									
			Medica Religion	ıl Exempt us Exemp	ion <u> </u>											
OTHER PERTINENT INFORMATION																
VISION SCREENING Vision																
Date	Grade Level	Age	Name of School	With G			lasses L	Date Referred	Comments							
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