

## **School Nurse**

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Student: \_\_\_\_\_

Please return this form by: \_\_\_\_\_

1. Is the student taking any medications?
  
2. Are there any known medical problems?
  
3. Do you have any current concerns about this student's physical health?
  
4. Any significant changes in this student's physical health status?
  
5. Do you have any current concerns about this student's mental/emotional health?
  
6. Any significant changes in this student's mental/emotional health status?
  
7. How many times has this student visited the health suite? \_\_\_\_\_
  
8. What are the reasons for this student's visits to the nurse?
  
9. From your perspective as school nurse, do you have any other concerns?