

Health Office Student Visit Record

| Time/Date | Subjective | | Objective | Action | | Plan | | |
|-----------|------------------|-------------------|-----------|---------------|--------------|--------------------------------------|------|--|
| M T W T F | Stomach/M.Cramps | Nausea/Vomiting | | Ice/Elevation | Cleansed | RTC | | |
| | Headache | Earache | | Rest | Bandaged | Parent notified | | |
| | Sore Throat | Eye Injury | | Reassured | Medication | TC | Note | |
| | Nosebleed | Lac/Burn/Abrasion | | Heating Pad | Gargled | Suggested consult w/medical provider | | |
| | Need to rest | Injury | | Pressure | Neuro checks | | | |
| | | Temperature | | ENT Assess | | Home w/: | | |
| | | | | | | Drove home w/parent perm. | | |
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Teacher/Grade: _____

Student Name: _____