GPISD CLINIC RECORD/PASS

Student Name: _____ ID: _____ Date: _____ Time: _____

Teacher _____ Grade: _____

REASON FOR VISIT:

___ Asthma	___ Dental/Toothache	____ Glucose Check	____ Nosebleed
___ Bruise	___ Diarrhea	____ Head Injury	____ Open Sore
___ Burn	___ Earache,(R)(L)	____ Headache	____ Playground/PE/Athletic Injury
___ Change of Clothes	___ Employee Visit	____ HT/WT/BP	____ Rash
___ Contact Solution	___ Eye,(R)(L)	____ Insect Bite/Itching	____ Sore Throat
___ Cough/Cold Symptoms	___ Head Injury	____ Nasal Congestion	____ Splinter
___ Cut/Scrape	___ Fever ___	____ Nausea/Vomiting	____ Stomach Ache
___ Other _____			

This portion to be completed by the nurse or clinic assistant only.

OBSERVATIONS / TREATMENT:

____ EMS Called	___ Inhaler/Nebulizer/ 02 Sat % ___	___ Cleansed Wound:
____ Elevator Pass	___ Medication /Insulin Given	___ Applied antibiotic ointment/antifungal/orabase gel
____ Ice Pack	___ Rest on Cot	___ Applied Bandage/Band aid to _____
____ NaH_20 gargle	___ Student Denied Need to Rest	___ Warm Compress applied to _____
____ Eye redness (R)__ (L) __		Eye irrigated with __Saline solution __Tap water

____ RN assessed; no apparent need to send student home at this time.

____ Student Denied Need to Call Parent	___ RN/Aide-Suggests to see PCP if symptoms persist.
____ Unable to Contact Parent	___ To return to clinic if symptoms become worse.
____ Parent/Guardian/Emergency Contact # called _____	

Other: _____

Nurse / Staff / Aide: _____ Return to Class: _____ Home: _____

Revised: January 2009 180008

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