**Health Office Student Visit Record**

This sample resource is located at [www.schoolhealthny.com](http://www.schoolhealthny.com/) - Forms | Notifications - 8/12

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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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**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_ Teacher/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This sample resource is located at [www.schoolhealthny.com](http://www.schoolhealthny.com) – Sample I Forms 8/24