

PLYMOUTH COMMUNITY SCHOOLS
MONTHLY SCHOOL NURSE REPORT

School _____ Month _____ Year _____

Students seen in Health Room: _____ Seen by School Nurse: _____

Daily medications given: _____

Total Health Room visits for month: _____

Number of emergency calls to other schools: _____

Screenings:

Educational Presentations:

Reportable Communicable Diseases:

Other Activities:

Signed: _____
School Nurse