

NURSE PASS

Student Name _____

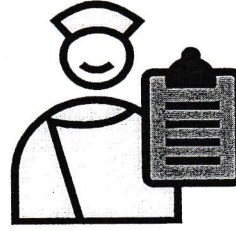
Date _____ Time _____

Teacher _____

Reason:

- Headache
- Stomach ache
- Vomit/nausea
- Cough
- Sore throat
- Diarrhea
- Nosebleed
- Cut
- Injury
- Other/ explain

Notes/Explain:



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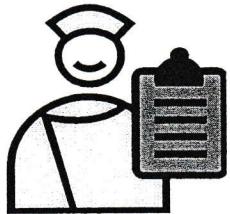
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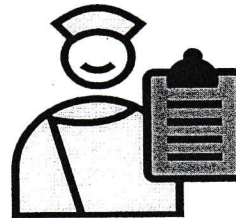
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