Healthy Children Homes Education and Community
Jackson Public Schools

Date: _____

Dear Parent(s) or Guardian(s):

Your child,_____ was seen in the clinic for the following services.

The services provided for your child today included:

_____ A complete physical examination
_____ Hearing screen
_____ Vision screen
_____ Necessary blood and urine tests
_____ Developmental testing
_____ Adolescent counseling
_____ Referral made if special problems were discovered during the exam

Today's exam revealed:

_____
_____
_____
_____
_____

Recommendation:

_____ See teaching sheets attached

_____ Next exam is due _____

_____ _____
Signature of Health Professional Date

If you have any questions, please contact your school nurse.