

Nurse Pass Date/Time In: _____
Time Out: _____
Student Name: _____

Reason for Visit:

- ☐ Stomach Ache
- ☐ Headache
- ☐ Sore Throat
- ☐ Cough
- ☐ Chapped Lips/Nose
- ☐ Temp Check
- ☐ Other:

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