

# A Note From Your School-Based Health Center

Your child \_\_\_\_\_ was seen today in the Health Center for the following:

- |                           |                                |
|---------------------------|--------------------------------|
| 1. _____ Illness          | 6. _____ Given medication only |
| 2. _____ Well Child Exam  | 7. _____ Vision Screening      |
| 3. _____ Sport's Physical | 8. _____ Hearing Screening     |
| 4. _____ Injury           | 9. _____ Dental Screening      |
| 5. _____ Immunizations    |                                |

Examination results:  Normal  Abnormal  Needs follow-up

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Instructions: \_\_\_\_\_

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Prescription(s) sent to: \_\_\_\_\_

**\*\* If you have any questions or concerns, please feel free to call us at any of our sites listed below:**

**Kayla Bartlett, PA-C**



**BRANDON SCHOOL-BASED  
HEALTH SERVICES**

BARBOUR COMMUNITY HEALTH

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