



PERTH AMBOY PUBLIC SCHOOLS

Mrs. Eva Kucaba – Supervisor of Nursing and Health Related Services

(732) 376-6200, Ext. 30-145

PHYSICIAN'S MEDICAL REPORT

Student's Name: _____ Date: _____
Last First

Parent/Guardian's Name: _____
Last First

Home telephone: _____, Work Number: _____, Cell Number: _____

Dear Doctor:

The above named student has been sent to you for the following conditions: _____

Please supply the following information for my records:

1. Diagnosis: _____

2. Restrictions/precautions, if any: _____

3. Date student can return to school (if applicable): _____

4. Medication required during school hours? _____ Yes _____ No

If yes, please supply name of medication, dosage and how often to be given: _____

5. Any additional pertinent information: _____

Please sign below and return to me.

Physician's Signature: _____ Date: _____

Thank you for your prompt attention.

Sincerely,

School Nurse