



# MID VALLEY SCHOOL DISTRICT

Secondary Center, 52 Underwood Road, Throop, PA 18512  
Phone (570) 307-1150 email: [vinanskyc@mvsd.us](mailto:vinanskyc@mvsd.us)  
Website: [www.mvsd.us](http://www.mvsd.us)

## School Nurse Input

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Date of most recent physical exam: \_\_\_\_\_

	DATE	Result	Action Taken if failed
Hearing Screening			
Vision Screening			

Allergies (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_

Medications (if applicable):

\_\_\_\_\_  
\_\_\_\_\_

Significant Medical History:

\_\_\_\_\_  
\_\_\_\_\_

Comments:/Observations (frequent visits to nurse's office, chronic complaints, etc.)

\_\_\_\_\_  
\_\_\_\_\_

Does this student have an Individual Health Care Plan (IHP)? YES/NO If so, please attach copy.

\_\_\_\_\_  
\_\_\_\_\_

School Nurse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_