



**HEALTH SERVICES & PROGRAMS**

**POMONA UNIFIED SCHOOL DISTRICT**

800 S Garey Avenue, P.O. Box 2900, Pomona, California 91766 Phone: (909) 397-4648, ext. 28352

**DATE:** \_\_\_\_\_

**STUDENT NAME:** \_\_\_\_\_

Would you please send reports of your findings and recommendations that may have an impact on this student's academic success. The following areas are of particular importance:

- \_\_\_\_\_ Audiology
- \_\_\_\_\_ Cardiology
- \_\_\_\_\_ Dental
- \_\_\_\_\_ Dermatology
- \_\_\_\_\_ Endocrinology
- \_\_\_\_\_ Gynecology or Obstetrics
- \_\_\_\_\_ Neurology
- \_\_\_\_\_ Ophthalmology
- \_\_\_\_\_ Optometry
- \_\_\_\_\_ Orthopedics
- \_\_\_\_\_ Otology
- \_\_\_\_\_ Nose and throat problems
- \_\_\_\_\_ Pediatrics
- \_\_\_\_\_ Psychiatry
- \_\_\_\_\_ Psychology
- \_\_\_\_\_ Urology
- \_\_\_\_\_ Other Medical
- \_\_\_\_\_ Education
- \_\_\_\_\_ Other

\_\_\_\_\_ Release of information enclosed. This information will be handled by professionals with respect for its confidential nature. Parents/legal guardians have access to all records in student file.

\_\_\_\_\_ We are considering this student for a special class.

\_\_\_\_\_ We are studying this student's problems in school and endeavoring to plan a better educational program

Thank you for your cooperation.

**PLEASE ADDRESS RESPONSES TO:**

\_\_\_\_\_  
**School Nurse**

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