

HEALTH OFFICE MONTHLY SUMMARY
Health Services Department
Lincoln Public Schools

PLEASE COMPLETE AND ROUTE TO LPSDO, BOX 18 BY THE 15TH OF EACH MONTH

School: _____ Month: _____

1. Visits to Health Office

a) Student Visits: _____

b) Staff Visits: _____

Total Visits: _____

2. Dismissals/Exclusions: _____

3. Medication Administration (Note: Include formulary participation and use if applicable).

a) Students: _____

Year to Date Total: _____

(unduplicated count of students who have had meds administered this year)

b) Total Doses: _____

4. Head Lice

a) Screened this Month: _____

b) Total Live Lice Events this Month: _____

5. Bloodborne Pathogen Referrals: _____

6. 911 Calls: _____

7. Please list health technician/LPN committee activity and/or meeting attendance by date and activity type:

8. Please list health technician/LPN additional task assignments or other special projects:

9. Please note any other emergencies or unusual events, or additional comments or observations. (Use back if necessary):

Completed by:

Health Technician/LPN: _____ Date: _____