AMERICAN ACADEMY FOR GIRLS F033

Salwa, Block 5, Street 1 Tel.: 25639612 – 25639647/8

STUDENT SICK LEAVE FORM

Date: ..... Time: .....

To: Doctor of the Clinic/Hospital

Please attend to our student:

Student's Name: ..... Grade: .....

Age: ..... Nationality: Kuwaiti ☐ Non-Kuwaiti ☐

Nursing assessment:

Temp.: ..... RR: ...../min. PR: ...../min. Blood Pressure: ..... Blood sugar: .....

- ☐ Fever: .....
- ☐ Cough: mild / dry / productive / frequent / barky
- ☐ Vomiting: small / large / persistent / Color: .....
- ☐ Nausea: mild / severe
- ☐ Difficulty of breathing: .....
- ☐ Fainting: .....
- ☐ Dizziness: .....
- ☐ Trauma: .....
- ☐ Head ache: mild / severe
- ☐ Sore Throat: mild / severe
- ☐ LBM: .....
- ☐ Skin Rashes / Allergy: .....
- ☐ Pink Eye: .....
- ☐ Ear Ache: .....
- ☐ Others: .....

Nursing care given: .....

Sick leave taken by: ..... Seen: ..... Not Seen: .....

Thank you for your kind service.

Deepthy

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Ms. Deepthy Bijoy
School Nurse

SCHOOL STAMP

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Ms. Liya Shanto
School Nurse

DOCTOR'S NOTE:

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TREATMENT / MEDICATIONS:

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Days sick leave: ..... Starting from: ..... to: .....

Doctor's Signature / Stamp: ..... Hospital / Clinic Stamp: .....

AAG School Nurse Section

Received: ..... Date: ..... Time: ..... Excused ☐ Unexcused ☐

Remarks: .....