

Wellness Check Summary

Date: **[Date]**

Student Name: **[Student's Name]**

Grade: **[Grade]**

Teacher: **[Teacher's Name]**

Health Summary

During the wellness check conducted on **[Date of Check]**, the following observations were made:

- **Height:** [Height] cm
- **Weight:** [Weight] kg
- **Vision:** [Vision Assessment]
- **Hearing:** [Hearing Assessment]
- **Skin Condition:** [Skin Observation]
- **General Well-Being:** [General Comments]

Recommendations

Based on the assessment, the following recommendations are advised:

- [Recommendation 1]
- [Recommendation 2]
- [Recommendation 3]

Follow-Up

A follow-up appointment is recommended on **[Follow-Up Date]** if necessary.

For any further inquiries, please contact the school nurse.

Sincerely,

[Nurse's Name]

School Nurse

[School Name]

[Contact Information]