

**CUBA INDEPENDENT SCHOOLS
NURSE CHECKOUT FORM**

SCHOOL YEAR _____

SCHOOL SITE: _____

STAFF NAME: _____

NA	YES	NO	DATE	
				1. Requisitions submitted.
				2. Equipment inventory has been submitted.
				3. List of repairs needed have been submitted
				4. Room keys labeled
				5. Telephone logs completed and submitted to CO.
				6. Health Service Report
				7. Secure all confidential files
				8. Requisitions for yearly audiometer re-calibration
				9. Immunization letters given to students for updates through _____ including Conscientious Objectors.
OTHER COMMENTS:				

Principal Signature

Employee Signature

Date