PART II - SCHOOL HEALTH ASSESSMENT - continued To be completed ONLY by Physician/Nurse Practitioner					
(Child's Name) examination and has no evident problem that may affect learning or full school participation				has had a complete physical problems noted above	
			ol participation		
Additional Comments:		,			· · · · · · · · · · · · · · · · · · ·
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Physician/Nurse Practitione	r (Type or Print)	Phone No.	Physician/Nurse Pract	litioner Signature	Date
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