



LA JOYA INDEPENDENT SCHOOL DISTRICT
EMPLOYEE ASSESSMENT By SCHOOL NURSE

Employee: _____ D.O.B. _____

Campus: _____ Department _____

School Nurse

Assessment _____

I, _____, have been advised by the school nurse to seek medical attention for my condition/complaint(s).

I do understand the importance of this advice.

_____ I have decided to seek medical help at this time.

_____ I have decided not to seek medical help at this time.

_____ I have been advised it is not in my best interest to operate a motor vehicle at this time due to my medical condition.

Employee

School Nurse

Date

September 20, 2011