Health Services

Monthly Tally Sheet

MONTH: _____ YEAR: _____ CAMPUS: _____

1. DATE	2. Screening-lice	3. Screening VHS AN MTI	4. Screening BP/ht/wt	5. New medications	6. OTC doses given	7. PRN Medications	8. Social service referrals*	9. Transport-911	10. Medical treatments	11. Safety/Environment # of accident forms	12. Employee Health Visits	13.	14.	15.	16.	17.	18.	19.