

**Health Office Memorandum**  
**Before Readmission To your Class**

DATE: \_\_\_\_\_

TO: Teacher(s) \_\_\_\_\_

FROM: Health Services Office Staff

RE: \_\_\_\_\_ Gr. \_\_\_\_\_ B.D. \_\_\_\_\_

*Please make sure that the above student reports to the health office before readmission to your classroom.* If you have any questions, Please call extension \_\_\_\_\_.

Thank you for your assistance. Readmit Date: \_\_\_\_\_ Signed: \_\_\_\_\_

*Office use only*

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