LINGMETHANG MIDDLE SECONDARY SCHOOL

**Hospital/Referral Form**

Name of the child:……………………………………………..Class:……………………………

Health Problem:……………………………………………….Time: ……………………………

Referred to:…………………………………………………….Date:…………………………….

Escort*:* If yes, name of the escort:……………………………………

Signature of Health Coordinator Verified by Health Official

**08**

LINGMETHANG MIDDLE SECONDARY SCHOOL

**Hospital/Referral Form**

Name of the child:……………………………………………..Class:……………………………

Health Problem:……………………………………………….Time: ……………………………

Referred to:…………………………………………………….Date:…………………………….

Escort*:* If yes, name of the escort:……………………………………

Signature of Health Coordinator Verified by Health Official

**09**

LINGMETHANG MIDDLE SECONDARY SCHOOL

**Hospital/Referral Form**

Name of the child:……………………………………………..Class:……………………………

Health Problem:……………………………………………….Time: ……………………………

Referred to:…………………………………………………….Date:…………………………….

Escort*:* If yes, name of the escort:……………………………………

Signature of Health Coordinator Verified by Health Official