Laramie County School District #1 Aug 20 2019 3000 Health Record Card Form S90388 **8768**

1jn8525 4-24-2018 3,000 c138600+f1500 s163237+f1500 (LCSD PO# P026739) Modern I=26846 6-6-2018 **EXEMPT**

R 8930
9-3-2020

FOR USE BY CHRISTIE PRINTING
Complete: 10-24-2019
Billed: 8Oct 2019
Entered: 10-15-2019
Delivered: 8Oct 2019 # 579202
Received: 8Oct 2019

Christie Printing Service
P.O. Box 3057 | Cheyenne, WY 82003-3057
Phone: 630.464.9391 | email : CPrint@ChristiePrinting.com

Purchase Order No. 8768

TO: Modern Printing
ATTN: **Brian**
P.O. Box ~~1185~~ 1125
Laramie, WY 82070

INVOICE TO:
Christie Printing Service
5711 Osage Ave., Suite C
Cheyenne, WY 82009

SHIP TO:
Christie Printing Service
5711 Osage Ave., Suite C
Cheyenne, WY 82009

ORDER DATE 8-20-2019	DATE REQUIRED	SHIP VIA Cheapest way; Prepaid and add to our invoice.	FOB	
Terms	QUOTE 8-20-2019 email approved		For Resale Yes	For Use
QUANTITY ORDERED	QUANTITY UNIT	PLEASE SUPPLY ITEMS LISTED BELOW	UNIT	PRICE
3,000 EXACTLY	Each Form 90388	Please provide pricing for approval prior to processing. Health Record Card (form S90388) o Envelope style folder, no flap o Die cut and glue into folder/envelope o 110# white index (same as previous) o Black ink This is an exact reorder of Modern Printing's previous Invoice 26846 dated 6-6-2018 and Christie Printing's previous PO number 8525 dated 4-24-2018.		$1,386.00 + freight

IMPORTANT
Our Purchase Order Number MUST appear on invoices from you to us, packages & correspondence.
Acknowledge if unable to deliver by date required

BY: Cynthia L Duke

COST
$1,386.00
$ 15.00 freight
$1,401.00

I= 31200 Date: 10-8-2019
Paid ck #: 6289 Date: 11-18-2019

Notes for Cynthia: Reorder Inquiry Dec 15, 2020

PRICE EXEMPT

On invoice reference LCSD#1 PO=P036530.

$1,632.36
$ 15.00 freight
$1,647.36
$ 0.00 EXEMPT
$1,647.36

Follow invoicing and delivery instructions per LCSD#1 PO P036530 that is inside the job ticket.

Paid ck #: 0057023 Date: 10-22-2019

~~M~~ 1 @ 500 ea

NAME _____
LAST FIRST MIDDLE

BIRTH DATE_____ ID# _____ M/F_____

LARAMIE COUNTY SCHOOL DISTRICT #1
SCHOOL HEALTH RECORD
CHEYENNE, WYOMING

IMMUNIZATION

COMPLETE: K _____ 7th _____
Date Date

EXEMPTION
Medical _____ Renewal _____
Date Date
Religious _____ Renewal _____
Date Date

CONSENTS OBTAINED

Authorization for Health Advisory for:
ADHD Asthma Allergies Seizures OTHER :
_____

Consent for exchange of information with: (LIST NAME)
_____

Throat Culture Consent: _____

ALLERGIES

MEDICATION(S)

HEALTH PROBLEM LIST

DATE	PROBLEM	DATE	PROBLEM
	ADHD		IEP
	ASTHMA		MIGRAINES
	CARDIAC		MUSCLES
	DIABETES		NEUROLOGIC
	ENDOCRINE		ORTHOPEDIC
	EMOTIONAL		PSYCHIATRIC
	GI		SEIZURES
	GU		SPEECH
	HEADACHES		VISION
	HEARING		504
	HEMATOLOGIC		

SCHOOL															
YEAR															
GRADE															
VISION															
Correction															
Test															
Distance: Right	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
Left	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
Both	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
Near: Right	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
Left	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
Both	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/	20/
Color															
Near Point of Convergence															
Muscle balance															
Other															
Referral Date															
HEARING															
Audiogram															
Referral Date															
IEP/ 3 year															
BP															
HEIGHT															
WEIGHT															
SCOLIOSIS P=PASSED R=REFERRED M=MONITOR MD Evaluation															Rev. 1/2010 NU #26