Laramie County School District #1 Sep 3 2020 3000 Health Record Card Form S90388 **8930**

1jn8768 8-20-2019 3,000 c138600+f250 s163237+f1500 Modern I=31200 10-9=2019 EXEMPT

R9046
9-1-2021

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

FOR USE BY CHRISTIE PRINTING
Complete: 10-28-2020
Billed: 10-19-2020
Entered: 10-19-2020
Delivered: 10-19-2020 # 579316
Received: 10-16-2020 (CYNTHIA P/U)

Purchase Order No. 8930

TO: Modern Printing
ATTN: **Brian**
P.O. Box 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 9-16-2020	DATE REQUIRED	SHIP VIA	FOB	
Terms	QUOTE 5349 approved 16Sep2020	Cheapest way; Prepaid and add to our invoice. Include 2 examples with our invoice.	For Resale Yes	For Use
QUANTITY		PLEASE SUPPLY ITEMS LISTED BELOW	UNIT	PRICE
ORDERED	UNIT			
2,500 EXACTLY	Each Form 90388	Please provide pricing for approval prior to processing. Health Record Card (form S90388) ○ Envelope style folder, no flap ○ Die cut and glue into folder/envelope ○ 110# white index (same as previous) ○ Black ink Except for the decreased quantity, this is an exact reorder of Modern Printing's previous Invoice 31200 dated 10-8-2019 and Christie Printing's previous PO number 8768 dated 8-20-2019.		$1,101.27 + 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
$1,101.27
$ 15.00 freight
$1,116.27

I= 33554 Date: 10-16-2020
Paid ck #: 6079 Date: 11-19-2020

Notes for Cynthia: Reorder Inquiry 9/3/2021

PRICE EXEMPT
On invoice reference LCSD#1 PO=p044183

$1,431.65
$ 15.00 freight
$1,446.65
$ 0.00 EXEMPT
$1,446.65

Follow invoicing and delivery instructions per LCSD#1 PO p044183 that is inside the job ticket.

Paid ck #: 00063965 Date: 10-28-2020

8 BOXES/4@300, 4@325

NAME _____
LAST FIRST MIDDLE

BIRTH DATE_____ ID# _____ M/F_____

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

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		

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)

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