Laramie County School District #1 Sep 1 2021 2500 Health Record Card Form S90388 **9046**

1jn8930 9-3-2020 2,500 c110127+f000(picked up) s143165+1500 Modern I=33558 10-16-2020 **EXEMPT**

FOR USE BY CHRISTIE PRINTING
Complete: 10-6-2021
Billed: 9-24-2021
Entered: 9-24-2021
Delivered: 9-24-2021 #579396
Received: 9-24-2021

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

Purchase Order No. 9046

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 9-3-2021	DATE REQUIRED	SHIP VIA	FOB	
Terms	QUOTE q6373 Approved 3Sep2021	Cheapest way; Prepaid and add to our invoice. Include 2 examples with our invoice.	For Resale Yes	For Use
QUANTITY ORDERED	QUANTITY UNIT	PLEASE SUPPLY ITEMS LISTED BELOW	UNIT	PRICE
2,500 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 Except for the decreased quantity, this is an exact reorder of Modern Printing's previous Invoice 33558 dated 10-6-2020 and Christie Printing's previous PO number 8930 dated 9-3-2020.		$1,137.62 + 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
$1,137.62
$ 15.00 freight
$1,152.62

I= 35527 Date: 9-24-2021
Paid ck #: 6441 Date: 10-16-2021

Notes for Cynthia: Reorder Inquiry 9/1/2022

PRICE EXEMPT
On invoice reference LCSD#1 PO=P050621

$1,461.35
$ 22.00 freight
$1,483.35
$ 0.00 EXEMPT
$1,483.35

Follow invoicing and delivery instructions per LCSD#1 PO P050621 that is inside the job ticket.

Paid ck #: 00069830 Date: 10-1-2021

4 Boxes/2 w/500, 1 w/700, 1 w/800

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															
SP															
WEIGHT															