



# KATEDRALSKOLAN I LUND

## School Nurse

Welcome to Katedralskolan! Hope you will enjoy your studies. To facilitate contact with the school health service, I would like to have your journal from your comprehensive school. In your journal there are information on immunizations, vision and hearing checks, which may be of importance for your school work and for the future.

### Information to the school nurse:

Student's name .....

Personal code number .....  
(Swedish "personnummer")

Class ..... Mobile .....

Street ..... Phone .....

Postal code ..... Email.....

Town ..... Municipality .....

Guardian .....

Phone home .....

Mobile, email .....

Phone work .....

Guardian .....

Phone home .....

Mobile, email .....

Phone work .....

Former school ..... Class.....

Former school ended .....

**I give my consent to earlier medical records being transferred to my current school.**

**The student's signature and date**

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**For underage student, guardian's signature and date**

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To earlier school: Katedralskolan has PMO

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	Address	Postal code	Telephone	Fax
Katedralskolan Schoolnurse	St. Södergatan 22	222 23 LUND	+46 46 359 76 10 +46 46 359 76 27	+46 46 359 76 18