

MENOMINEE INDIAN SCHOOL DISTRICT

453.1 Exhibit (3)

ANNUAL REVIEW VERIFICATION

Medical Advisory Committee and
School Board Annual Review Verification

_____ Optometrist	_____ Date
_____ Dentist	_____ Date
_____ Audiologist	_____ Date
_____ Medical Advisor	_____ Date
_____ Community Health Director	_____ Date
_____ School Counselor	_____ Date
_____ Director of Special Education	_____ Date
_____ School Nurse	_____ Date
_____ School Board President	_____ Date

APPROVED: April 2008