Vocational Evaluation
Career Assessment Center

Technical and Career Education Center

Student Medical Information Form

Name: _____ Sex: _____ DOB: _____

Conditions Affecting School Work: _____

Limitations/Restrictions: _____

Family History that could affect Student's School Performance: _____

Medications (school/home): _____

Dosage: _____

Allergies: _____

Special Needs (Interpreter, toileting assistance, etc.): _____

Ambulatory: Yes ____ No ____

Emergency Contact: _____ Phone #: _____

_____
School Nurse

VIRGINIA BEACH
CITY PUBLIC SCHOOLS
CHARTING THE COURSE