

# Medical Information Searches

[New](#)

Label	Field Name	Type	Sort Order
<a href="#">Form has been completed</a>	form_complete	Checkbox	
<a href="#">Date Form was completed</a>	form_date	Entry field	
<a href="#">Student Name</a>	LastFirst	Static field	
<a href="#">Date of Birth</a>	DOB	Static field	
<a href="#">Grade Level</a>	grade_level	Static field	
<a href="#">Home Room</a>	home_room	Static field	
<a href="#">Doctor's Name</a>	Doctor_Name	Entry field	
<a href="#">Doctor's Phone</a>	Doctor_Phone	Entry field	
<a href="#">Dentist Name</a>	Dentist_Name	Entry field	
<a href="#">Dentist Phone</a>	Dentist_Phone	Entry field	
<a href="#">EpiPen</a>	Epipen	Checkbox	
<a href="#">School Medications?</a>	h_schoolmeds	Checkbox	
<a href="#">Medications Student Takes at School</a>	medicine_school	Entry field	
<a href="#">Home Medicine?</a>	h_homemed	Checkbox	
<a href="#">Medications Student Takes at Home</a>	medicine_home	Entry field	
<a href="#">ADHD?</a>	h_ADHD	Checkbox	
<a href="#">ADHD</a>	health_ADHD	Entry field	
<a href="#">Allergy?</a>	h_allergy	Checkbox	
<a href="#">Allergies</a>	allergies	Entry field	
<a href="#">Asthma?</a>	h_Asthma	Checkbox	
<a href="#">Asthma</a>	health_asthma	Entry field	
<a href="#">Diabetes?</a>	h_diabetes	Checkbox	
<a href="#">Diabetes</a>	health_diabetes	Entry field	
<a href="#">Food Issues/Allergies?</a>	h_food	Checkbox	
<a href="#">Food Allergies</a>	food_allergies	Entry field	
<a href="#">Head injury?</a>	h_headinjury	Checkbox	
<a href="#">Head Injury/Concussions/TBI</a>	health_headinjury	Entry field	
<a href="#">Special Diet or Food Restrictions?</a>	h_food	Checkbox	
<a href="#">Diet Restrictions</a>	health_food	Entry field	
<a href="#">Hearing?</a>	h_hearing	Checkbox	
<a href="#">Hearing</a>	health_hearing	Entry field	
<a href="#">Stomach?</a>	h_stomach	Checkbox	
<a href="#">Stomach/Digestive Issues</a>	health_stomach	Entry field	

<a href="#">Bleeding?</a>	h_bleeding	Checkbox
<a href="#">Bleeding Disorder</a>	health_bleeding	Entry field
<a href="#">Headaches?</a>	h_headaches	Checkbox
<a href="#">Headaches/Migraines</a>	health_headaches	Entry field
<a href="#">Seizures?</a>	h_seizures	Checkbox
<a href="#">Seizures</a>	health_seizures	Entry field
<a href="#">Heart?</a>	h_heart	Checkbox
<a href="#">Heart Condition</a>	health_heart	Entry field
<a href="#">Orthopedic?</a>	h_ortho	Checkbox
<a href="#">Orthopedic Problems</a>	health_ortho	Entry field
<a href="#">Genetic?</a>	h_genetic	Checkbox
<a href="#">Genetic Disorder/Condition</a>	health_genetic	Entry field
<a href="#">Vision?</a>	h_vision	Checkbox
<a href="#">Vision</a>	health_vision	Entry field
<a href="#">Mental?</a>	h_mental	Checkbox
<a href="#">Mental Health Issues</a>	health_mental	Entry field
<a href="#">Other Medical Concerns?</a>	h_other	Checkbox
<a href="#">Other Medical Concerns</a>	health_other	Entry field
<a href="#">Does your child have an immunization Exemp?</a>	immu_exemption	Checkbox
<a href="#">Education or Behavior Concerns?</a>	h_edubeh	Checkbox
<a href="#">Please list any educational or behavioral concerns about your child.</a>	Edu_Beh	Entry field
<a href="#">Medical Alert-Teachers and Staff will see</a>	Alert_Medical	Entry box

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