



PUPIL MEDICAL RECORD

Confidential Information

STUDENT ID#	SCHOOL
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Student Name: _____ Birthdate: _____ Grade: _____ Sex: M F

Parent/Guardian: _____ Work PH: _____ Home PH: _____

Email: _____ Cell PH: _____

Name of Healthcare Provider/Clinic: _____ Phone: _____

GUARDIAN'S EVALUATION OF STUDENT'S HEALTH

1. Has your student been **diagnosed by a healthcare provider** for any of the following? **If yes, please describe.**
 - ADD/ADHD _____
 - Allergy to: _____
Is Epinephrine prescribed: Yes No
Note: An additional form must be completed by a healthcare provider when Epinephrine is prescribed.
 - Asthma _____
Note: An additional form must be completed by a healthcare provider when student is diagnosed with Asthma.
 - Bladder Disorder _____
 - Blood Disorder _____
 - Bowel Disorder _____
 - Cancer _____ Date: _____
 - Concussion/Head Injury Date: _____
 - Diabetes Type 1 Type 2 Date of diagnosis: _____
 - Ear Disorder _____
 - Eye Disorder _____
 - Food Intolerance to: _____
 - Heart Condition _____
Has this condition been repaired? Yes No Date of repair: _____
 - Seizure Disorder _____
 - Suppressed Immune System _____
 - Syndrome _____ Date of diagnosis: _____
Describe: _____
 - Other health problem _____ Date of diagnosis: _____
Describe: _____
2. Does your student have a physical handicap? Yes No Describe: _____
3. Has your student ever had an operation? Yes No Describe: _____
4. Has your student ever had a severe injury? Yes No Describe: _____
5. Is your student presently under a healthcare provider's care for a particular illness or condition? Yes No
State nature of illness or condition: _____
6. Is he/she taking medication? Yes No Reason: _____
Name of medication: _____
Note: An additional form must be completed for all medications taken at school
7. Is your student able to participate in full activity at school? Yes No
Note: An additional form must be completed by a healthcare provider when Yes is checked for activity restrictions.
8. Has your student been hospitalized recently? Yes No Date: _____ Reason: _____

PLEASE CALL THE NURSE HELPLINE AT (503)399-3376 IF YOU HAVE FURTHER QUESTIONS OR CONCERNS

SIGNATURE OF PARENT/LEGAL GUARDIAN

DATE