

ZACHARY COMMUNITY SCHOOL SYSTEM

MEDICAL HISTORY UPDATE FORM

(To be completed by student's physician)

Medical information is needed for the following student in order to determine if there are health impairments sufficient to warrant special education services and will also be utilized by the school nurse to provide health services to students. Please check appropriate behaviors and provide a simple explanation when indicated: **Please return this completed form to the school nurse at your child's school.**

Name: _____ **DOB:** _____

Name of Parent(s)/Guardian: _____

CURRENT DIAGNOSIS, MEDICAL STATUS, AND CURRENT MEDICATIONS:

Date Last Seen: _____ **Severity of Illness:** Mild Moderate Severe

Condition Causes:

- temporary or chronic lack of strength
- temporary or chronic lack of vitality
- temporary lack of alertness
- reduced efficiency in school work because of _____

Student is substantially limited in the following major life activity/activities: caring for one's self
 seeing working hearing walking performing manual tasks breathing
 speaking learning other major life activity (describe): _____

Recommendations For Student Integration Into The School Setting

Activity Restrictions/Limitations _____

Accommodations _____

Nutritional/Dietary _____

Adaptive Physical Education _____

Physical Therapy/ Occupational Therapy _____

Special Procedures _____

Return To Clinic: _____

Physician's Signature: _____ **Date:** _____

Physician's Name Printed: _____

Physician's Address: _____

Office #: _____ **Fax #:** _____

