



Health Centers in Schools

A Partner of OUR LADY OF THE LAKE
CHILDREN'S HEALTH

MEDICAL HISTORY UPDATE FORM

To Be Completed By Doctor

(This information will be utilized by the School Nurse to provide health services to students)

Student's Name _____ D.O.B. _____

School _____ Teacher/Grade _____ School Nurse _____

CURRENT DIAGNOSIS & MEDICAL STATUS *(additional information may be attached)*

MEDICATIONS: _____

Allergies: _____

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* _____

Printed Physician's Name or Stamp _____

Phone# _____ *Fax#* _____