

Laurel Hall School - Frederick
 4540B Mack Ave.
 Frederick, MD 21703

PART II - SCHOOL HEALTH ASSESSMENT

- To be completed by practitioner or doctor -

Student Name: (Last, First, Middle)	Birth Date (MO. DAY YR.)	Sex (M / F)	School	Grade
Address (Number, Street, City, State, Zip)			Phone No.	

1. Does this child have a health condition which may require EMERGENCY ACTION while he/she is at school: (e.g., seizure, insect sting, asthma, allergy, bleeding problems, diabetes, heart problem?) If yes, please DESCRIBE.

No Yes _____

2. Is this child on long-term technology assistance?

No Yes _____

(Please note specifics) _____

3. Is there any evidence for concern in the areas listed below? Indicate the results of your examination by placing a '✓' in the appropriate space.

CONCERN								
Health Area	Yes	No	Not Evaluated	Health Area	Yes	No	Not Evaluated	
Vision				Adjustment				
Hearing				Nutrition				
Speech/Language				Physical Illness/Impairment				
Development				Immunodeficiency				
Attention Deficit/Hyperactivity				Lead Poisoning				

REMARKS: (Please explain any "yes"; include recommendations for referral and treatment.)

4. Is the student on long-term medication? If yes, please DESCRIBE.

No Yes _____

(A medication administration form must be completed for in-school administration.)

5. Should there be any restriction of physical activity in school? If so, specify nature and duration of restriction.

No Yes _____

6. Tuberculin Test: Results	Type	Date (most recent)	Blood Pressure	Height	Weight	Date Taken
<input type="checkbox"/> Positive <input type="checkbox"/> Negative		When Indicated				

If you would like to discuss this student's health with school or school health personnel, check title below.

Nurse assigned to school Teacher(s) Counselor Principal School Health Physician

(Student Name) _____ has had a complete physical examination and has

no evident problem that may affect learning. or problems noted above.

Physician/Nurse Practitioner (Type or Print)	Phone No.	Physician/Nurse Practitioner (Signature)	Date
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