Northern Suburban Special Education District

NORTHERN SUBURBAN SPECIAL EDUCATION DISTRICT

Student Name: _____ Date of Birth: _____

School Year: 2012-2013 School Attending: _____

Current Weight: _____

ANNUAL HEALTH INVENTORY

Please indicate any of the following during the past year (Please be sure to complete information on the back of this page):

1. Hospitalizations/serious illness or injury:

2. Surgeries (including dental), date, procedure, post-op treatments/therapies:

3. Medical problems requiring long-term treatment, such as diabetes, pneumonia, chronic ear infections, etc.:

4. Seizures (including symptoms, frequency, duration and emergency medications i.e. Diastat):

5. Date of last physical exam/immunizations received (month/date/year): _____

6. Date of last dental exam/orthodontia (month/date/year): _____

7. Allergies (foods, environmental, stinging insects, medications):

Complete Food Allergy Action Plan for severe allergies and provide EPI-PEN as ordered by your physician.

8. Asthma (frequency, triggers, treatment):

9. Medications (Please list all current medications--name, dose and times):

10. Special examinations (vision, hearing, neurological, psychological, etc.) – please list date(s) and physician names or agencies:

11. Glasses: Yes ☐ No ☐ Date of last eye exam:

12. Ear tubes: Yes ☐ No ☐ Date inserted:

13. Hearing aids: Yes ☐ No ☐

14. Feeding issues: Yes ☐ No ☐

Tube feedings (formula, amount, schedule, gravity or pump/rate):

15. Special Diet: Yes ☐ No ☐

Parent Signature: _____ Date: _____

Submit