



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

- 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: _____
- Does your student have a physical handicap? ☐ Yes ☐ No Describe: _____
- Has your student ever had an operation? ☐ Yes ☐ No Describe: _____
- Has your student ever had a severe injury? ☐ Yes ☐ No Describe: _____
- Is your student presently under a healthcare provider's care for a particular illness or condition? ☐ Yes ☐ No
State nature of illness or condition: _____
- Is he/she taking medication? ☐ Yes ☐ No Reason: _____
Name of medication: _____
Note: An additional form must be completed for all medications taken at school
- 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.
- 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