



## Medical Information Form

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Check off any medical conditions that apply for this student:

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma             | <input type="checkbox"/> Vision Problems       |
| <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Please list _____     |
| <input type="checkbox"/> Hypertension       | _____  |
| <input type="checkbox"/> Acne               | <input type="checkbox"/> Hearing Problems      |
| <input type="checkbox"/> Heart Disease      | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Nose bleeds        | <input type="checkbox"/> Please list _____     |
| <input type="checkbox"/> Frequent Headaches | _____  |
| <input type="checkbox"/> Migraines          | _____  |
| <input type="checkbox"/> Chronic Pain       | <input type="checkbox"/> Chest Pain            |
| <input type="checkbox"/> Dental Problems    | <input type="checkbox"/> Seizures              |
| <input type="checkbox"/> Please list _____  | <input type="checkbox"/> Black Outs            |
| <input type="checkbox"/> Kidney             | <input type="checkbox"/> Sickle Cell           |
| <input type="checkbox"/> Cancer             | <input type="checkbox"/> Other                 |
|   | <input type="checkbox"/> Please list _____     |
|   | _____  |
|   | _____  |

Medical issues or history that ABA should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

Does your child take prescribed psychotropic medications? Yes or No  
If yes, list each medication and what it has been prescribed for.

\_\_\_\_\_  
\_\_\_\_\_

Is your child presently taking any other prescription medication? Yes or No  
List any medications used on a daily basis: Name dosage and frequency

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Are immunizations current? Yes \_\_\_\_\_ No \_\_\_\_\_ Other \_\_\_\_\_



Date of most recent dental exam: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Due to Covid-19 restrictions, students will not be admitted to the program or allowed on campus without a physician's *medical clearance* from any known symptoms of the virus.