



Washington County School District  
 Medical History Information  
 121 West Tabernacle Street  
 St. George, UT 84770  
 Phone: 435-673-3553 Fax 435-634-5859

**Student:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

As part of the evaluation process for special education services, the school district's multidisciplinary team that assesses and reviews evaluation data in connection with the determination of a student's disability must consider the student's prior medical history regarding specific syndromes, health concerns, medication, and any information deemed necessary for planning the student's educational program. Please include any relevant reports. Additional information may be requested as needed.

*This information must be provided by a qualified health care professional (Physician or Registered Nurse).  
 The provider may only provide information consistent with the parameters of his/her Utah professional license.*

**Student Development**

Yes  No Was there anything remarkable in the student's development?

If so, please explain.

**Specific Syndromes**

Yes  No Has the student been diagnosed with a specific syndrome (ADD, ADHD, Epilepsy, etc.)?

If so, please explain.

**Health Concerns**

Yes  No Does the student have any specific health concerns (ADD, ADHD, Epilepsy, Traumatic Brain Injury, accidents, etc.)?

If so, please explain.

**Medications**

Yes  No Is the student taking any medication?

If so, please list medication and dosage.

What is the expected effect of the medication on classroom functioning?

What are the potential side effects that we should be aware of?

What is the student's long-term medical prognosis?

Is there any other information necessary for planning the student's educational program?

\_\_\_\_\_  
 Signature of Health care Professional

\_\_\_\_\_  
 Name & Title (please print)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address, City, State, Zip

\_\_\_\_\_  
 Phone

This form was filled out by the parent and reviewed by the school nurse.