Livingston County Special Services Unit
Medical Review Summary

Date: _____

Student Name: _____ **District:** _____

DOB: _____ **Current Grade:** _____

Information Obtained From:
□ File Review □ Domain Review □ Parent/Guardian □ Medical Records □ Other: _____

HEALTH HISTORY:

- **Allergies:** _____
- **Health Conditions:** _____

_____
_____
_____
_____

- **Medications: □ No □ Yes**

Medication	Dosage	Times Taken Each Day

- **Attendance concerns: □ No □ Yes**

If yes, number of days missed current school year_____.

- **Date of last Vision and Hearing Screening:** _____
  - **Results: Vision □ Pass □ Fail □ Rescreen**
    Hearing □ Pass □ Fail □ Rescreen

ANY ADDITIONAL INFORMATION: (ex; significant birth/developmental history)

Signature of Person Completing Form: _____

Please include this form in Evaluation Folder

Livingston County Special Services Unit

Medical Review Summary

SCHOOL NURSE'S STATEMENT OF EDUCATIONALLY RELEVANT MEDICAL CONDITIONS:

☐ None ☐ Yes, Specify:

☐ Additional data should be collected in the area of Health as part of evaluation/re-evaluation.

1.

2.

School Nurse's Signature: _____ Date: _____

Returned to School Social Worker: _____ on _____ (Date)

ADDITIONAL NOTES/INFORMATION FROM THE FRONT:

Please include this form in Evaluation Folder