

Jordan School District
Documentation of Medical History
Required by USOE for Autism, MD, OHI, OI, TBI

Student:	School:
Date of Birth:	Grade:
Parent/Guardian:	Date:
Address:	Primary Care Physician:
Phone #:	Phone #:

Parent must sign a current HIPAA compliant release of information form before medical history information can be obtained. Parents have the right to determine whether any information should remain confidential and not be included for purposes of this release. Parents should inform the appropriate health professional of information that should not be released to school personnel.

Health Professional's Name:	Phone #:
Role:	Fax #:

Student's prior medical history including information on record regarding any of the following:

Developmental Concerns:

Diagnoses/Conditions: Please list all that apply including co-morbid conditions.

Other Health Concerns Not Listed Above:

Could these conditions adversely affect this student's educational performance? yes no
If yes, briefly describe the perceived impact or restrictions.

School Employee Obtaining Information:

Print Name

Signature

Position