

LIVERMORE VALLEY JOINT UNIFIED SCHOOL DISTRICT
685 East Jack London Blvd., Livermore, CA 94551
Telephone: (925)606-3200 Fax: (925) 606-3336

School : _____
Grade: _____

STUDENT NAME: _____

Yes	No	ALLERGIES?: Seasonal: _____ Food: _____
		Other Allergens?: _____
Yes	No	Regular MEDICATION(S) (Besides vitamins)?: Name, Dose, F
Yes	No	Problems at birth or in infancy?: _____
Yes	No	HOSPITALIZATION(S)/SURGERY: Date/Reason:? _____
Yes	No	DEVELOPMENTAL Problems?: _____
Yes	No	CURRENT BEHAVIORAL Problems?: _____
Yes	No	EMOTIONAL Issues?: _____
Yes	No	HEARING Problems?: _____
Yes	No	VISION Problems?: _____
Yes	No	HEADACHES: Type/Frequency?: _____
Yes	No	HEART PROBLEMS or Defect?: _____
Yes	No	ASTHMA?: _____
Yes	No	DIABETES: Type 1 or 2? Medication and method of deliver
Yes	No	SEIZURES or CONVULSIONS?: _____
Yes	No	PHYSICAL DISABILITY?: _____
Yes	No	DIGESTIVE PROBLEMS? _____

OTHER HEALTH CONCERNS/ISSUES?: _____

PARENT/GUARDIAN SIGNATURE: _____

*If your student has a life-threatening health condition or allergy, please con
care planning at school. <http://www.livermoreschools.org/healthservices>*