Troup County School System Exceptional Educational Center

Medical Update Form

SECTION ONE: Student Information:

- If yes, please describe 4. Is a special diet recommended?	Na	Name		Grade
**************************************	Sch	School Parent(s) Comment Secretary Services (15 decretary Services		
What is the student's diagnosis(es)?:	Cur	Current special Education Services (it none write N/A)		
1. What is the student's diagnosis(es)?:	**	******* The following sections shou	ld be completed by a physician.	******
2. What is the student's prognosis?:	<u>SE</u>	SECTION TWO: General Medical Information:		
3. Should physical activity be limited?	1.	1. What is the student's diagnosis(es)?:		
3. Should physical activity be limited?		<u>-</u>		
4. Is a special diet recommended?	3.			
5. Is the student prescribed medication(s) to treat diagnosed medical condition?		- If yes, please describe		
- If yes, please list medication(s) and dosage	4.	4. Is a special diet recommended? yes no (I)	^c yes, please attach documentati	on)
6. Description of any other medically related information pertinent to the student's symptoms, behaviors, medications, or prosthesis that should be considered in educational planning: (check all that apply) Drowsiness Attention Mood Swings Impulsivity Reasoning/Memory Seizures Mobility Motor Control Endurance Acuity (hearing/vision) Attendance (extended absences from school due to health factor) Organization Comments:	5.	5. Is the student prescribed medication(s) to treat diagram	nosed medical condition?	es 🗌 no
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Comments:		☐ Seizures ☐ Mobility ☐ Motor Control ☐	Endurance Acuity (hearing	g/vision)
7. Procedures student may need to have done at school: (check all that apply) Feeding Tube Suction Ostomy care Catheterization Tracheotomy Care Respiratory Skin care Dressing changes Swallowing Plan None Explain schedule/equipment/precautions:		Attendance (extended absences from school due to	nealth factor)	
Feeding Tube		Comments:		
Feeding Tube				
Respiratory Skin care Dressing changes Swallowing Plan None Explain schedule/equipment/precautions: 8. Other recommendations (diet, exercise, rest, heat sensitivity, etc.) and comments: SECTION THREE: Impact of the Diagnosis 1. Does the medical condition cause reduced efficiency in school participation, and is it likely to affect the students educational performance? yes no 2. Would attendance at school represent a major medical risk to this student? yes no PHYSICIAN'S SIGNATURE DATE Physician's Name (Please print)	7.	<u>.</u>		_
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Physician's Name (Please print)	2.	2. Would attendance at school represent a major	medical risk to this student?	☐ yes ☐ no
		PHYSICIAN'S SIGNATURE		DATE
Physician's Address	Phy	Physician's Name (Please print)		
	Phy	Physician's Address		·