

Morgridge Academy Student Medical Evaluation 2017-2018 PHONE: 303-398-1488

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Name of Child:			DOB:/					
1. DIAGNOSIS: Asthma:		Mild	Moder	ate [Seve	ere	□ N/A	
Other Diagnosis								
 History of Exercise ind Physical Findings: 			Moder	•	Seve	ere	N/A	
4. Medications: PRN: Albuterol MDI 2 Albuterol 2.5mg nebuli Or Pretreatment for exerci					To be given at School Yes No Yes No			
Other Medications:		Dose:	Route:	Frequ	ency:	Yes Yes Yes	ven at school: No No No	
5. Allergies (Food Allerg	ties please include	a Food Al	lergy Action	n Plan) _		∐ Yes	∐ No	
6. Is there a history of lea If yes, please explain _				□ No				
7. History of emotional/be If yes, what is current r				☐ No				
8. Individual or family ps9. Medical adherence issu10. Influenza vaccine with	ies?		Yes	□ No				
I prescribe that the medications I prescribe that the inhaled med I agree that the student may red I agree that the student may red I prescribe that student may col I am referring this student to M Environment to manage their n I recommend a flu shot.	lications be used with seive a dose of Aceta seive a dose of liquid implete a normal salir forgridge Academy a	h an approp minophen l antacid 10 ne nasal/sin	based on stud -30cc Q day us rinse PRN	PRN indig	gestion.	_		
Physician Phone Number	Physician's Name (please print)				Date			
Physician Fax Number	Physician Signature				Address			