LSDVI MEDICAL REPORT

DOCTOR OR LICENSED PRACTICTIONER COMPLETES THIS PAGE

Student Name:	Date of Birth:	Ht:	Wt:	BMI:	BP:	P:	Temp:	Resp:

Review of System	WNL	ONL	Comments	Physical Exam Findings	WNL	ONL	Comments
Eyes				Skin			
ENT				Head			
CV				Eyes			
Respiratory				ENT			
GU				Mouth/Teeth			
GI				Neck			
Musculoskeletal				Chest			
Integumentary				Heart			
Neurological				Lungs			
Psychiatric				Abdomen			
Endocrine				Genitalia (Tanner Stage)			
Hemo./Lymphatic				Bones, Joints, Muscles			
Allergic/Immuno.				Neurological			
				Scoliosis Screening			

Any surgeries/hospitalizations in past year? If so, explain:

Does the student have any of the following medical devices?

☐ Tubes in ears (PE Tubes)	☐ VP Shunt	☐ Pacemaker	☐ Artificial Limb
☐ Tracheostomy	☐ Gastrostomy/Feeding tube	☐ Braces/Dental Appliance	☐ Dialysis Shunt
☐ Cochlear Implant ☐ Right ☐ Left		☐ Prosthetic Eye ☐ Right ☐ Left	
☐ Other (please list):			

Any activity restrictions? (PE, competitive sports, etc?)
☐ Yes ☐ No **If yes please specify:**

☐ **Yes** ☐ **No** **This student is medically cleared for hearing aid(s)/amplification for documented hearing loss.**

☐ **Yes** ☐ **No** **Are immunizations up-to-date? (Please provide copy of updated immunization record or signed letter from MD excluding student from being immunized.)**

Does this student take ANY medication?

☐ **YES, and MD orders attached** ☐ **Student takes NO medication**

***Note to provider:** – *We are a partial **RESIDENTIAL** school. This student may live on campus in Baton Rouge, LA. If **ANY** medication is prescribed (scheduled or PRN, RX or OTC including vitamins & dietary supplements) complete medication orders must be provided on the attached Medication Order Form in accordance with R.S. 17:436.1 (2001).*

(Prescribers must include emergency plans for students with asthma, diabetes, and those who may require epinephrine for allergic reactions.)

Allergies:(drugs/food/latex/insect/ environmental)etc	Type of reaction:
1	1
2	2
3	3

Is EPI-PEN required? ☐ Yes ☐ No If yes, can the student self-administer? ☐ Yes ☐ No (Attach order if needed)

Any special diet restrictions?
☐ Yes ☐ No

Practitioner's Signature	Today's Date:	Office Stamp Required:	**Mail or Fax to:**
	Phone:		LSDVI Student Health Center 2888 Brightside Drive Baton Rouge, LA 70820
PRINT Practitioner Name	Fax:		Fax (225) 757-3430 Phone (225) 757-3247

Revised 2/17/2017