					/
Student's Last Name	First	Middle	Birth date (MM-DD-YY)	Grade/Rm/Trk	School Year

## LOS ANGELES UNIFIED SCHOOL DISTRICT Office of the Chief Medical Director CONFIDENTIAL HEALTH INFORMATION

To School Personnel: Please review this form and initial the appropriate column below.

SPECIAL CONSIDERATIONS:							
Student needs special consideration because:							
	-						
	·						
	·						
FIRST SEMESTER	SECOND SEMESTER						

FIRST SEMESTER				SECOND SEMESTER			
Period	Teacher	Initial	Date	Period	Teacher	Initial	Date
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
Home Room				Home Room			
Administrator				Administrator			
Counselor	_			Counselor			
Other				Other			