

**SAMPLE**

**Confidential Nursing Report  
Special Education Students**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Student ID #: \_\_\_\_\_

School: \_\_\_\_\_ Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Check:  End of Year Report  Special Education Re-Evaluation  Child Find Screening

**MEDICAL DIAGNOSIS / HEALTH PROBLEMS**

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Primary Care Physician: \_\_\_\_\_ Other Physicians: \_\_\_\_\_

Date of last physical exam (copy attached if Special Education Re-evaluation): \_\_\_\_\_

Immunizations Status:  Current  Non-Current (Needed:  DPT  OPV  MMR)

**CURRENT MEDICATIONS**

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**VISION**

Distance:  Pass  Fail Near:  Pass  Fail Stereopsis:  Pass  Fail

Motility:  Pass  Fail Color:  Pass  Fail

If Failed, explain: \_\_\_\_\_

**HEARING**

Screening:  Pass  Fail (If Failed, Audiogram attached) Impedance:  Pass  Fail Otoscopic:  Pass  Fail

Comments: \_\_\_\_\_

**DENTAL:** \_\_\_\_\_

**PHYSICAL ASSESSMENT**

Ht: \_\_\_\_\_ %ile: \_\_\_\_\_ Wt: \_\_\_\_\_ OFC: \_\_\_\_\_ %ile: \_\_\_\_\_ BP: \_\_\_\_\_

Neurological Assessment:  Pass  Fail Comments: \_\_\_\_\_

General Health (attach Health History form if appropriate): \_\_\_\_\_

Social/Behavioral Concerns: \_\_\_\_\_

Student Attendance: \_\_\_\_\_

Specialized Health Services Being Provided: \_\_\_\_\_

Summary Comments/ Recommendations: \_\_\_\_\_