POUGHKEEPSIE CITY SCHOOL DISTRICT

Office of Student Services, 160 Union St., Poughkeepsie, N.Y. 12601 (845) 437-3473 FAX (845) 437-3477

CSE HEALTH HISTORY INFORMATION

Student Name:		DOB:		
Allergies:		Seizures:	Asthma:	
List: 1.		Medications:	1.	
2.			2.	
3.			3.	
Monitoring Physician:				
Other Major Illnesses:	1.			
	2.			
Hearing Normal:		Hearing Acuity w	vith Aide: R	
Vision Normal:		Vision Acuity wi	th Aide: R	
Scoliosis:		Adaptive Devices	s: 🗌	
Comments:				
Nurse's Signature:		Date:		