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

**LOS ANGELES UNIFIED SCHOOL DISTRICT**
**Student Health and Human Services**

# CONFIDENTIAL HEALTH INFORMATION

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

**SPECIAL CONSIDERATIONS:**

Student needs special consideration because: _____

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| 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 | | | |