

The Maryland School for the Blind

**HEALTH INFORMATION FORM
Health Center - School Year 2011-2012**

Student Name _____ Date of Birth _____

Date of Last Physical Examination _____

Are there any new medical issues that the school needs to be aware of? Yes No

If yes, please describe _____

Please list current allergies or intolerances and reactions

Allergies or Intolerance	Describe reaction

Please list current physicians and phone numbers

Medical Provider	Specialty	Phone number

Name of Pharmacy Used _____ Phone Number _____

Thank you for helping us keep our records updated so that we may take better care of your child!
--The Health Center Staff at MSB