## DIOCESE OF ARLINGTON OFFICE OF CATHOLIC SCHOOLS CONFIDENTIAL INDIVIDUAL HEALTH OFFICE VISIT RECORD

Name			Grade Teacher School			ool		
Knov	vn Allerg	ies		Health Alerts				
Date	Time in	Symptoms client feels, details about onset	Observations and targeted exam (ABC, LOC, vital signs, pain level, mobility change)	Actions taken (first aid medications, teaching, re- and client of	ferral, parent contact)	Disposition of student after care (RTC, home, ER, LHCP, other)	Time out	Initials
Initials/signature/title								

Key: ACC=accident C/O=complains of DNFW=does not feel well DOTS=deformity/open site/tenderness/swelling DSD/BA=dry sterile dressing/Band Aid ER=emergency room EXCL=excluded FA=first aid HA=headache LHCP=licensed health care provider N/V/D=nausea/vomiting/diarrhea PC=parent contact/phone call REF=referral RTC= return to class L= left R= right SAMPLE=symptom/allergy/medications/past health history/last oral intake/events leading up to illness SA=stomachache ST=sore throat