

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

Name _____ Grade _____ Teacher _____ School _____

Known Allergies _____ 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, other treatments, medications, teaching, referral, parent contact) and client outcomes	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

CONFIDENTIAL MEDICAL FILES ARE RETAINED FOR 5 YEARS AFTER THE STUDENT GRADUATES, TRANSFERS OR WITHDRAWS.