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			