



Homeless Children and Youth Program
Student Case Management Medical Screening

Please identify the student listed below and complete the medical information requested as soon as possible.

Fax this information to 418-8685.

Please contact Charles Ford at 418-8640 or Staria Henderson at 418-5278 should you have any questions regarding this requested information.

***All information is confidential.**

*Shelter Name: _____

*Student Name: _____

*Student ID#: _____

*Grade: _____

*Height: _____

*Weight: _____

*Immunization Complaint: *Y or N*

*Vision: _____

*Blood Pressure: _____

Chronic Medical Condition:

Notes/Comments:

*Nurses Signature: _____ Date sent: _____

**Must be completed before faxing or sending in inter-office mail.*