

January 2016

					MITTAL FORM	
		and is confi	maintained on file in the scho idential and not a public reco	rd.		
(Approved by N	iorth Carolina D		tublic Instruction and Departn	THE THE PARTY AND A THE MANAGEMENT, WAS ARROWN AS PROPERTY AND	d Human Services)	
Student Name:	man primer to the control of the beautiful regards when you	PARENT to	COMPLETE THIS SECTI	ION		
,					□ M □ F	
(Last) (First) Birthdate ou/o/yyyy: Scho		(Middle) of Name:				
На применя персока применя в потот в весей в 1613 г. в 1614 год в 1614 годинаров и под применую под применую по		J				
Hispanic of Latino Origin: 1 Yes	☐ 2 No	Race:	☐ 1 Other Non-White ☐ 6 Japanese ☐ 7 Hawa	2 White 3 Bli allan 8 Fillpino	ack 4 American Indian 5 Chinese 9 Other Asian 10 Unknown	
Home Address:	The state of the s	City:	TO DESCRIPTION OF SECURITY AS TO A SECURITY AS A SECURITY OF THE SECURITY OF THE SECURITY AS A SECURITY OF THE	State:	County:	
Parent Information: Name of Pare loco parentis:	nt, Guardian,	or person sta	inding in Telephone	(3)	ent a free free man and the comment of the free free free free free free free fr	
•			Home;			
			Work:			
			Celt Phone:			
Health Concerns to be shared with	authorized p	ersons (schoo	ol administrators, teacher	s, and other sc	hool personnel who require such	
information to perform their assign	ned duties):					
NA managara sa	TO THE BUILD I BENEVER. I AND A SHOULD AND A SHOWING A SHOW A SHO	tal 5 1984 at 2005 o 14 19apon margong o morphomorphisms	##### -##### 10 AN 1980 AN 11 Inhancian and programmy and group and an arrange			
	The state of the s	CARE PROVI	IDER TO COMPLETE TH	IIS SECTION		
Medications prescribed for student	t:			A THE PERSON AND ADDRESS OF THE PROPERTY OF THE PROPERTY OF THE PERSON O	merker at the Angeles community of the Collection community (Africa) is shaded by book a supple (Africa) and a consequent	
Student's allergies, type, and response	onse required		TO THE CONTRACT OF MANY MANY AND THE CONTRACT OF THE CONTRACT	The bodies of the Supplement of Supplement of the Supplement of th	State Commission and the Commission of the Commi	
Special diet instructions:	Commission of the control of the con	Providence region in a province, same creative or as excessed	nder ffende freie fen felle de eine ein ein gegent ein gegent gemeinte der "mehr der die des der ein zu eine	the man to a supplement to the two dates to the end of the supplementary	and a series of the forester the motor equity 17 to specifical details and define proposed and other Record Se	
Health-related recommendations to	o enhance the	student's sci	hool performance:			
Vision screening information: Passed vision screening: ☐ Yes ☐ No						
Concerns related to student's vision:						



January 2016	-YMI	State Board of Educa	tion Departmen	nt of Public Instruction					
Hearing screening information: Passed hearing screening: Yes Concerns related to student's hearing	No								
Recommendations, concerns, or needs related to student's health and required school follow-up:									
School follow-up needed:									
Medical Provider Comments:									
Please attach other applicable sch	nool he	aith forms:							
Immunization record attached: School medication authorization form: Diabetes care plan attached: Asthma action plan attached: Health care plans for other conditions		Ē							
Health Care Professional's Certification I certify that I performed, on the student named above, a health assessment in accordance with G.S. 130A-440(b) that included a medical history and physical examination with screening for vision and hearing, and if appropriate, testing for anemia and tuberculosis. I certify that the information on this form is accurate and complete to the best of my knowledge.									
Name:				Title:					
Signature: Date (m/d/yyyy):									
Practice/Clinic Name:				Practice/Clinic Address:					
Practice/Clinic City.	ļ	State:	Zip:	Phone:	Fax:				
Provider Stamp Here:									

