


Note: Fields denoted with (*) indicate that this field may not be collected by your District or may have a different fieldname.

Medical Provider Information

Preferred Hospital	<i>Hospital_Preferred_ncc (*)</i>	Hospital Phone	<i>Hospital_Preferred_Phone_ncc (*)</i>
Doctor	<i>Doctor_Name</i>	Doctor Phone	<i>Doctor_Phone</i>
Dentist	<i>Dentist_Name</i>	Dentist Phone	<i>Dentist_Phone</i>
Does the student have Health Insurance?	<i>Ins_Provider_YN (*)</i>	Health Insurance Provider	<i>Ins_Provider (*)</i>
Consent for Medical Treatment	<i>MedTreatmentConsent (*)</i>		

Physical Exam Information

Date of Last Physical Exam	<i>LastPhysExamDate</i> 
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Medical Considerations

Special Medical Considerations	<i>medical_considerations</i>	Medications	<i>Medications (*)</i>
Allergies	<i>allergies</i>	Allergy Treatments	<i>AllergyTreatments (*)</i>
Medical Alert Text	<i>Alert_Medical</i>		
Alert Expires (date)	<i>Alert_MedicalExpires</i>  (0/0/0 to never expire)		