

# WHAT DOES MY STUDENT'S DOCTOR NEED TO REVIEW AND SIGN?

'23-'24 SCHOOL YEAR

## PHYSICIAN NEEDS TO SIGN:

- Annual Physical Form (***including the PHQ-4***)
- Allergy Action Plan (***if applicable***)
- Asthma Action Plan (***if applicable***)
- Physician Order for Medication Administration Form (***if applicable; one form per medication is required to be filled out for your physician***)
- California Pediatric Tuberculosis Risk Assessment

## PARENT/STUDENTS TO FILL OUT:

- CIF Concussion Information Sheet
- CIF Sudden Cardiac Arrest Information Sheet
- CIF Heat Illness Information Sheet
- CIF Opioid Information Sheet
- Consent to Treatment of a Minor
- COVID-19 Vaccination Status (***if your student is not fully vaccinated and boosted x1, they require an exemption form***)
- History of COVID-19
- Proof Of Insurance Form
- Health Center Communication with Advisor, Dorm Head, and Director of Academic Services Permission
- Vital Health Record (***must be completed every year***)