Medical condition

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Type of device: ___________________________________________________

Serial #: _________________________________________________________

Model #: _________________________________________________________

Implant date: _____________________________________________________

For school health professional working with student

Experience with device: □ Y □ N
Device manual at school: □ Y □ N
DME contact information: □ Y □ N

Device specific

Alarms: □ Y □ N
Battery: □ Y □ N
Back up equipment at school: □ Y □ N

Precautions to consider at school

Positioning of student: □ Y □ N
Emergency plan in place: □ Y □ N
Physical activity restriction: □ Y □ N
Magnet sensitivity: □ Y □ N
Emergency outlet: □ Y □ N