Cardiac Condition Questionnaire

Student Name:	ID #
To help us better understand your child's cardiac condition, please	complete this form and
return it to the school clinic as soon as possible.	complete this form and
1. Please provide the name and a description of your child's ca	ardiac condition.
2. Has your child's condition ever required surgery?	
Does your child take any medication for this condition? If s medication(s).	o, please name the
 Please list any special needs your child may have related to any activity restrictions the doctor has prescribed. 	this condition, including
Please inform the CHS-9 th Clinic if there are any changes in your ch	ild's health status or
treatment plan.	
Parent Signature:	
Date:	