HEALTHY CPS
— OFFICE OF STUDENT HEALTH & WELLNESS —

Provider's Report on a Student with a Cardiac Condition

(LAST NAME) (FIRST) (MIDDLE) (DOB) (ID #)

(HOME ADDRESS) (ZIP CODE) (TELEPHONE)

(PARENT'S/ GUARDIAN'S NAME) (SCHOOL)

DIAGNOSIS (Please Specify):

BRIEF HISTORY (date of onset, surgeries, important signs and symptoms)

FUNCTIONAL CLASSIFICATION (please check)

_____ **CLASS I** Patients with cardiac disease, but without resulting limitation of physical activity. Ordinary physical activity does not cause fatigue, palpitation, dyspnea, or pain.

_____ **CLASS II** Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity results in fatigue, palpitation, dyspnea, or pain.

_____ **CLASS III** Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue, palpitation, dyspnea, or pain.

_____ **CLASS IV** Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort or symptoms of cardiac insufficiency, even at rest. If any physical activity is undertaken discomfort is increased.

RECOMMENDATIONS

Prophylaxis treatment required □**Yes** □**No** **Type:**

Physical restrictions □**Yes** □**No**

___ Gym ___Stairs ___Recess ___Diet

(Please explain with additional reccomendations)

Daily Medication Plan

Medication Name	Dosage	Scheduled Time
1.		
2.		
3.		

LATEST PHYSICAL FINDINGS

Weight_____ Height_____ Blood Pressure_____ Pulse_____ Clubbing of fingers_____
Cyanosis_____

Thrills (intensity, location): _____

Murmurs (intensity, location, character) _____

Electrocardiogram Date:_____
Results:_____

Provider's Name:_____
Hospital Affiliation: _____
(Please print or type)

Address _____Telephone # _____ Fax #_____

Provider's Signature

_____ Date:_____