



Office of Student Health and Wellness · 125 South Clark Street, Suite 800 · Chicago, Illinois 60603  
Telephone: 773-553-1886

**PHYSICIAN'S REPORT ON A CHILD WITH DIABETES**

Student Name \_\_\_\_\_ Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student Grade \_\_\_\_\_

Home Address (City, State, Zip Code) \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Home Phone # \_\_\_\_\_ Alternate # (Work or Phone) \_\_\_\_\_

School Name \_\_\_\_\_ School's Address \_\_\_\_\_ School's Fax Number \_\_\_\_\_

Dear Doctor,  
The School Nurse of Chicago Public Schools is requesting your cooperation in completing the following questions. Please return this form to the above child's school and retain a duplicate copy for your files.

\_\_\_\_\_  
Signature of School Nurse

**BLOOD GLUCOSE MONITORING**

Student diagnosed with:

Diabetes Type 1  Diabetes Type 2 Date: \_\_\_\_\_

Target Blood Glucose \_\_\_\_\_ mg/dl Usual Time(s) to check blood glucose \_\_\_\_\_

Times to do extra blood glucose checks (check all that apply)

Before Exercise  After Exercise  When Student exhibits symptoms of hyper/hypoglycemia

Student can perform own glucose checks

Yes  No Type of Meter Used \_\_\_\_\_

**INSULIN/ORAL MEDICATION REQUIREMENTS**

Oral Medications used to manage Diabetes  Yes  No Type \_\_\_\_\_ at \_\_\_\_\_ (time)

Insulin is used to manage Diabetes  Yes  No Type \_\_\_\_\_ Units at \_\_\_\_\_ (time)

Student requires Insulin on Sliding Scale  Yes  No Type of Insulin \_\_\_\_\_

\_\_\_\_\_ units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl

\_\_\_\_\_ units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl

\_\_\_\_\_ units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl

\_\_\_\_\_ units if blood glucose is \_\_\_\_\_ to \_\_\_\_\_ mg/dl

**ADMINISTRATION OF INSULIN**

Student can self-administer insulin injections  Yes  No

Student must be supervised when administering insulin injections  Yes  No

Adult must administer insulin injections  Yes  No

*Educate · Inspire · Transform*