

Education Queensland **Standardised Medical Condition Category List**

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| Acquired brain injury |
| Allergies /Sensitivities |
| Anaphylaxis |
| Airway/lung/breathing - Oxygen required (continuously/periodically) |
| Airway/lung/breathing - Suctioning |
| Airway/lung/breathing -Tracheostomy |
| Airway/lung/breathing -Other |
| Artificial feeding - Gastrostomy device (tube or button) |
| Artificial feeding - Nasogastric tube |
| Artificial feeding - Jejunostomy tube |
| Artificial feeding - Other |
| Asthma |
| Attention-deficit /Hyperactivity disorder (ADHD) |
| Bladder and bowel - Urinary wetting, incontinence |
| Bladder and bowel - Faecal soiling, constipation, incontinence |
| Bladder and bowel - Catheterisation (continuous, clean intermittent) |
| Bladder and bowel - Stoma site, urostomy, Mitrofanoff, MACE, Chair |
| Bladder and bowel - Other |
| Blood disorders - Haemophilia |
| Blood disorders - Thalassemia |
| Blood disorders - Other |
| Cancer / oncology |
| Coeliac disease |
| Cystic Fibrosis |
| Diabetes - type one |
| Diabetes - type two |
| Ear/hearing disorders - Otitis Media (middle ear infection) |
| Ear/hearing disorders - Hearing loss |
| Ear/hearing disorders - Other |
| Epilepsy - Seizure |
| Eye/vision disorders |
| Endocrine disorder - Adrenal hypoplasia, pituitary, thyroid |
| Heart/cardiac conditions - Heart valve disorders |
| Heart/cardiac conditions - Heart genetic malformations |
| Heart/cardiac conditions - other |
| Mental Health - Depression |
| Mental Health - Anxiety |
| Mental Health - Oppositional defiant disorder |
| Mental Health - Other |
| Muscle/bone / musculoskeletal disorders - spasticity (Baclofen Pump) |
| Muscle/bone / musculoskeletal disorders - Other |
| Skin Disorders - eczema |
| Skin Disorders - psoriasis |
| Swallowing/dysphagia - requiring modified foods |
| Swallowing/dysphagia - requiring artificial feeding |
| Transfer & positioning difficulties |
| Travel / motion sickness |
| Other |

Medical Details Form

Student's Name: _____ Year Level: _____

Roll Class: _____

- My child does not have any known medical conditions.
- My child has the following known medical conditions:

| Medical Condition 1: | |
|--|--|
| Medical Condition Category: <i>(Please use list of Medical Condition Categories provided)</i> | |
| Symptoms: <i>(Include specific medical condition name if known and any symptoms school should look for)</i> | |
| Management: <i>(Include any special instructions the school should follow with regard to this condition)</i> | |

| Medical Condition 2: | |
|--|--|
| Medical Condition Category: <i>(Please use list of Medical Condition Categories provided)</i> | |
| Symptoms: <i>(Include specific medical condition name if known and any symptoms school should look for)</i> | |
| Management: <i>(Include any special instructions the school should follow with regard to this condition)</i> | |

| Medical Condition 3: | |
|--|--|
| Medical Condition Category: <i>(Please use list of Medical Condition Categories provided)</i> | |
| Symptoms: <i>(Include specific medical condition name if known and any symptoms school should look for)</i> | |
| Management: <i>(Include any special instructions the school should follow with regard to this condition)</i> | |

If your child has additional medical conditions please attach details of all medical conditions.

Parent's Signature