

CHRONIC HEALTH CONDITIONS

_____ School District _____

_____ Student Population

SCHOOL YEAR

Chronic Health Conditions Diagnosed by a
Health Care Provider

ASTHMA



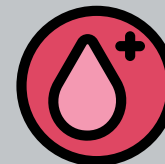
**LIFE
THREATENING
ALLERGIES**



**SEIZURE
DISORDER**



TYPE 1 DIABETES



TYPE 01

TYPE 2 DIABETES



TYPE 02