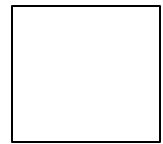


Green Zone at School: Go Zone

Breathing is good No cough or wheeze Sleeps through night Can work or play

Does student have Exercise Induced Asthma (EIA)? Yes



Health Condition Information Sheet
(HEALTH SERVICES USE ONLY)

Student's Name _____ **D.O.B.** _____ **ID** _____

Condition _____ **Grade** _____
