



Name: _____ DOB: _____ Date: _____
Campus: _____ Grade: _____

Preliminary Questioning / Observations

Time: _____ Person referring student: _____

Appearance: Normal Dazed Distant look Scared Sleepy Jittery
Other: _____

Behavior: Normal Depressed Euphoric Excited Drowsy Anxious Paranoid Relaxed
Other: _____

Mental Status: Normal Confused Hallucinating Lethargic Distorted time perception
Other: _____

History: (Sick or Injured? Any known medical problems? Taking medications? Time began feeling this way? How are you feeling now?): _____

When did you eat last? _____ What? _____ When did you sleep last? _____ Hrs _____

Method of transit to school: Drove Rode w/parents Rode w/friend Bus Other: _____

Speech: Normal Slurred Rapid Raspy Other: _____

Breath Odor: Normal ETOH Chemical Rancid Other: _____

First Pulse: _____ Time: _____

Eye Examinations

Contacts / Glasses: Yes No
Equal Tracking: Yes No **Conjunctiva:** Normal Redness Watery Other: _____

Horizontal Gaze Nystagmus: (circle Present or Not Present)

Lack of Smooth Pursuit	R	Present	Not Present	Move the stimulus from center to side in approx. 2 seconds, then back from side to center in approx. 2 seconds. Check both eyes twice.
	L	Present	Not Present	
Distinct and Sustained Nystagmus at Maxi. Deviation	R	Present	Not Present	Move the stimulus from center to the side until there is no more white of the eye showing in the corner and hold for at least 4 seconds. Check both eyes twice.
	L	Present	Not Present	
Onset of Nystagmus Prior to 45 Degrees:	R	Present	Not Present	Move the stimulus from center to side slowly (at least 4 seconds) and watch for the first twitch/jerk, hold and ensure it continues. Check each eye twice
	L	Present	Not Present	
Vertical Nystagmus:		Present	Not Present	Move the stimulus upward and hold for at least 4 sec. Repeat.
Lack of Convergence:		Present	Not Present	Make two circles in front of the face and bring the stimulus in about two inches from the bridge of the nose. Check if the eyes converge.

Nurse Signature



Name: _____ DOB: _____ Date: _____

Dark Room Examinations:

Table with 4 columns: Examination Type, Right mm, Left mm, and Description. Rows include Room Light, Direct Light, Hippus, Reaction to Light, and Rebound Dilation.

Divided Attention Tests

Romberg Balance:

I want you to stand with you feet together (toe to toe and heel to heel) with your hands at your side. When I tell you to, I want you to close your eyes and slightly tilt you head backward. When I say "Begin", I want you to estimate the passage of 30 seconds in your mind. When you believe 30 seconds have elapsed, open your eyes, bring your head forward, and say, "Stop". Do you understand?

Tremors:

Eyelid tremors: Yes No
Body tremors: Yes No

Swaying:

Side to Side: Yes No _____ Inches
Front to Back: Yes No _____ Inches
Circular: Yes No _____ Inches

Estimated 30 seconds as: _____

One Leg Stand:

I want you to stand with your feet together, hands to your sides. Do not start until told to do so. When instructed raise either foot approximately 6 inches off the ground with your toe pointed out, foot parallel to the ground, and count up in the following manner: 1001, 1002, 1003, until told to stop. While performing this test, keep your hands to your sides; keep your legs straight, and stare at your pointed toe. If your foot touches the ground, immediately raise it back up and continue counting. This test will last for approximately 30 seconds. Do you understand?

Swaying _____ Uses arms for balance _____ Hops _____ Puts foot down _____

Clinical Signs

Time: _____ Last Pulse: _____ Blood Pressure: _____ Temp.: _____ Respiratory Rate: _____

Oral Inspection: Tongue (green, brown, or blisters): _____ Lower Lip (debris): _____

Nasal Inspection: Redness: _____ Residue: _____

Table with 8 columns: Drug Category, CNS Depressants, CNS Stimulants, Hallucinogens, PCP, Narcotic Analgesics, Inhalants, Cannabis. Rows include HGN, Vertical Nystagmus, Lack of Convergence, Pupil Size, Reaction to Light, Pulse, Blood Pressure, and Body Temperature.

Nurse signature _____