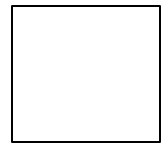


**Green Zone at School: Go Zone**

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** \_\_\_\_\_

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