

**Additional Information about students with epilepsy**

Student Name:

Click or tap here to enter text.

Student ID N:

Click or tap here to enter text.

Course:

Click or tap here to enter text.

**Your epilepsy**

What is your specific type of epilepsy?

Click or tap here to enter text.

How does it affect you?

Click or tap here to enter text.

Are you taking medication? If so, what is it?

Click or tap here to enter text.

Are you using any seizure monitoring devices? What do you use?

Click or tap here to enter text.

Is your epilepsy currently under control?

Click or tap here to enter text.

When did you last have a seizure?

Click or tap here to enter text.

If your last seizure was recent, how often are you having seizures

Click or tap here to enter text.

If you were to have a seizure, what information do staff need to know?

Click or tap here to enter text.

How would you like staff to respond if this possible?

Click or tap here to enter text.