SEIZURE REPORT

STUDENT					
AURA: Yes	No	_ If yes, Type:	☐ auditory ☐ olfactory	☐ tactile ☐ visual	
		Date:	T	ime:	
DID STUDEN	Γ MAKE ANY NOIS	SES? Yes	No	<u></u>	
DURATION (1	ength of time):				
DESCRIPTION	OF MOVEMENT	& BEHAVIORS	(stiffness, shaking	g, repetitive behaviors, o	ther)
				long:	
		_		Left Leg:	
Sprea	nding:		Generalized at On	set:	
Turni	ng of Eyes:	Turning of I	Body:	Direction:	
POSTICTAL S	,	Sleepiness		No	
	B) C)	Drowsiness Confusion		No No	
	· · · · · · · · · · · · · · · · · · ·	Psychotic Behav		No	
If answer to D)	is Yes, Describe:				
DESCRIBE IN	JURIES, IF ANY:				
INCONTINEN	CE: Bowel -				
EVGEGGWE G		Yes			
EXCESSIVE S CYANOSIS:	ALIVATION:	Yes Yes			
COMMENTS:			· · · · · · · · · · · · · · · · · · ·		
_					
Witnessed by:_					
-	Signature			Title	
	Parent/Guardian/R				
	Licensed healthcar	re provider	Date:		
L	☐ Other		Date:	Time:	