

STUDENT NAME: _____ DOB: _____

Health History

(Please check appropriate column, note year, and explain where applicable.)

| Allergy Types | Reaction | | Implications for school |
|--|----------|---------|-------------------------|
| Bee | | | |
| Drugs | | | |
| Food | | | |
| Latex | | | |
| Pollen | | | |
| Skin | | | |
| Other (i.e. seasonal) | | | |
| Other Conditions (check all that apply) | Year(s) | Explain | |
| Asthma/Reactive Airway | | | |
| Bed wetting | | | |
| Blood Disorder | | | |
| Cancer | | | |
| Concussion/Head Trauma | | | |
| Diabetes | | | |
| Digestive(constipation /Feeding Disorder | | | |
| Disease i.e. chickenpox | | | |
| Dietary Restrictions | | | |
| Emotional Problems | | | |
| Genito/urinary Problems | | | |
| Hearing Difficulty | | | |
| Heart Disease (defects) | | | |
| Hospitalizations | | | |
| Infections | | | |
| Kidney Disease | | | |
| Neuro-muscular disorders/prosthesis | | | |
| Organs missing or impaired function of paired organs; i.e. kidneys, testes, eyes | | | |
| Seizure Disorder | | | |
| Skin Disorder | | | |
| Speech Impairment | | | |
| Surgical Procedures | | | |
| Vision Problems(glasses) | | | |
| Other (list and explain) Serious illnesses, accident, genetic disorders) | | | |

A. Is the student receiving medication?

Yes___ No___

If yes, complete the following:

| Medication(s) | Dose | Times | Reason | Date prescribed | Prescribing Physician |
|---------------|------|-------|--------|-----------------|-----------------------|
| | | | | | |
| | | | | | |
| | | | | | |

B. Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?

Yes___ No___

If yes, explain

C. Does the student require any special procedures and/or treatments?

Yes___ No___

If yes, explain

D. Is the student currently under treatment for any health conditions?

Yes___ No___

If yes, complete the following:

| Condition | Physician | Treatment |
|-----------|-----------|-----------|
| | | |
| | | |

Parent Signature _____

Date _____