## STUDENT HEALTH HISTORY

<table>
<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
<th>Age:</th>
<th>Gender:</th>
<th>Parent/Guardian: (person completing this form)</th>
<th>Home Phone:</th>
<th>Cell Phone:</th>
<th>Date:</th>
</tr>
</thead>
</table>

### Information
- **Has your child ever:**
  - Had an ongoing medical condition
  - Seen a medical specialist
  - Had allergies:
    - ☐ food
    - ☐ environmental
    - ☐ insect
    - ☐ medication
    - ☐ other
  - Been hospitalized
  - Had an operation
  - Had an injury requiring an Emergency Room visit
  - Missed 5 days of school in a row due to illness/injury
  - Had a bone/muscle injury
  - Passed out, had a concussion or serious head injury
  - Had a convulsion/seizure
  - Had a vision problem or condition
    - ☐ glasses
    - ☐ contacts
  - Had a hearing problem or condition
    - ☐ hearing aid
    - ☐ cochlear implant
  - Worn dental bridge, braces or mouthpiece
- **Have any family members under the age of 50 ever:**
  - Had a heart attack
  - Had other serious health problems

### Medical Conditions
- **CHECK ALL THAT APPLY TO YOUR CHILD:**
  - ADHD
  - Asthma/trouble breathing
  - Autism/Asperger
  - Dental Injuries
  - Diabetes
  - Ear Infections
  - GI Conditions (ulcer, reflux, IBS)
  - Headaches/migraines
  - Heart Conditions
  - High Blood Pressure
  - Mental Health Condition
    - (depression, eating disorder, anxiety, OCD, ODD, etc.)
  - Scoliosis
  - Single Organ
    - ☐ kidney
    - ☐ testicle
  - Skin Condition
  - Speech Condition
  - Urinary Condition

### Medications
- **CURRENT MEDICATIONS:**
  - Given at school
  - Taken at home
- **ASSISTIVE EQUIPMENT:**
  - During or outside of school
    - ☐ crutches
    - ☐ walker
    - ☐ wheelchair
    - ☐ other:
  - **TREATMENTS:**
    - During or outside of school
      - ☐ insulin/blood glucose monitoring
      - ☐ inhaler/nebulizer/peak flow monitoring
      - ☐ special diet

### Additional Information
- **Is there any condition that would prevent your child from participating in physical education or sports?**
  - ☐ No
  - ☐ Yes: ___________________________________________________________________________
- **Please list any additional concerns: (use back of sheet if necessary)**
  ___________________________________________________________________________________
  ___________________________________________________________________________________

**Parent/Guardian Signature: ___________________________**

**Date: _______________________**