2011-2012 Health History

Student's name:_____ Enrollment Date:_____
Last First Middle
Grade:_____ Female:__ Male:__ Date of Birth:_____ Height:_____ Weight:_____
Month/Day/Year

Medication History:
Present medications given daily:_____
Reason:_____
Past medications given regularly:_____
Reason:_____
Additional information:_____

Allergies: Please describe known allergies below. Indicate severity: mild, moderate, or severe
Drugs_____ Food_____ Bees/Wasps_____Animals_____ Plants_____
Pollen_____ Dust_____ Smoke_____ Latex_____ Molds_____
Mildew_____ Other_____

Treatment: Please describe allergy treatment this child currently receives, or has received in the past
Antihistamines_____ Inhalers _____
Desensitizing shots _____Epi-pen required _____
Other _____

Injuries, Illnesses and Surgeries: Please list significant history below:

Injuries/Illnesses/Surgeries	Age of Child	Hospitalization Date
1.		
2.		
3.		

Health History: Please check any conditions this child has experienced:

__Acne
__Attention Deficit Disorder
__Anemia
__Arthritis
__Asthma
__Congenital abnormalities_____
__Cancer: Type_____
__Chickenpox: Date _____
__Chronic bowel problems _____
__Cystic Fibrosis
__Diabetes: Type_____
__Depression
__Dermatitis
__Eczema
__Emotional Problems _____
__Encephalitis: Date _____
__Exposed to cigarette smoke regularly
__Frequent respiratory infections
__Hay fever
__Headaches: Type _____
Treatment _____
__Heart Disease: Type_____
__Hearing loss: _____
__Hearing aids: _____
__Hepatitis: Type & Date _____
__Hypertension
__Measles: Date_____
__Meningitis: Type & Date_____
__Multiple ear infections: Last episode____
Tubes?___Date:_____
__Mumps: Date_____
__Near drowning or suffocation: Date_____
__Nervous tic: Type_____
__Physical handicap _____
__Poisoning: Date _____
__Pregnancy: Date _____
__Rheumatic fever: Date _____
__Rubella: Date _____
__Seizure disorder: Type _____
__Sickle cell disease
__Substance abuse:
____Tobacco ____Alcohol_____Drugs
__Spinal curvature:___Scoliosis ___Kyphosis
__Suicide risk
__Urinary tract problems
__Visual problems
__Wears glasses or contacts:
Last exam date: _____
__Other _____
_____
_____

Continue on back if necessary

Completed by:_____
Relationship to child:_____ Date:_____