STUDENT HEALTH HISTORY

Student's Name	Gender ❑ Male ❑ Female	Date of Birth

BIRTH AND DEVELOPMENT HISTORY

Did the mother have any unusual physical or emotional illness during this pregnancy? ❑ Yes ❑ No

Was infant born full term? ❑ Yes ❑ No Did the infant have any sickness or problems? ❑ Yes ❑ No

How does the child's development compare to other children? ❑ About the same ❑ Delayed ❑ Advanced

Please explain illness or problems.

DISEASE AND ILLNESS HISTORY

(Check (✓) any current or recurring condition.

- ❑ ADD/ADHD
- ❑ allergies
- ❑ asthma
- ❑ autism
- ❑ behavior concerns
- ❑ birth/congenital malformations
- ❑ bone/muscle/joint problems
- ❑ blood problems
- ❑ cancer
- ❑ cerebral palsy
- ❑ cystic fibrosis
- ❑ depression
- ❑ diabetes
- ❑ emotional concerns
- ❑ frequent ear infections
- ❑ frequent sore throats
- ❑ headaches/migraines
- ❑ hearing impairment
  - ❑ hearing aid
- ❑ heart problems
- ❑ hemophilia
- ❑ HIV
- ❑ juvenile arthritis
- ❑ kidney disease
- ❑ lead poisoning
- ❑ neuromuscular disorder
- ❑ physical disability
  - ❑ wheelchair
- ❑ respiratory ailment
- ❑ scoliosis
- ❑ seizure disorder
- ❑ sickle cell anemia (not trait)
- ❑ skin condition
- ❑ speech problems
- ❑ spina bifuda
- ❑ vision impairment
  - ❑ glasses ❑ contacts
- ❑ other_____
- ❑ other_____

(Check (✓) as appropriate if your child has had any of the following.

- ❑ chicken pox
- ❑ concussion
- ❑ fainting
- ❑ heart murmur
- ❑ hospitalizations_____
- ❑ injuries_____
- ❑ fractures_____
- ❑ measles
- ❑ mental illness
- ❑ mumps
- ❑ rubella
- ❑ surgeries
  - Type_____
  - Date_____
- ❑ tuberculosis

Please explain any conditions above or reasons for any hospitalizations.

Please explain any conditions above or reasons for any hospitalizations. (Continued)

ALLERGIES AND REACTIONS

Allergies	Reactions	Recommended Action
❑ Food:		
❑ Medicine:		
❑ Bee/Insect:		
❑ Other:		

MEDICATIONS TAKEN

Medication and Dose	Time	Reason

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

❑ Yes ❑ No If yes, please explain:

Does the student require any special procedures and/or treatments for their health condition(s)?

❑ Yes ❑ No If yes, please explain:

ADDITIONAL COMMENTS OR CONCERNS

PARENT/GUARDIAN INFORMATION

Signature	Relationship to Student	Date