



## HEALTH HISTORY FOR NEWLY ENROLLED STUDENTS

STUDENT'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

GENDER  Male  Female GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_  
Last father mother

Were there any prenatal or birth factors (e.g., prematurity, RH factor)? Please explain.

\_\_\_\_\_

Has the student had any serious illnesses or health problems? Please explain.

\_\_\_\_\_

Is the student currently taking any medications? Please explain.

\_\_\_\_\_

Is the student currently under medical treatment? Please elaborate on nature of treatment and name of physician.

\_\_\_\_\_

Has the student ever had any type of surgery? Please explain nature of surgery and date(s).

\_\_\_\_\_

Please check each of the following (even if you have already mentioned it above).

Does your child have or has ever had:

	Yes	No	Comments
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	_____
Communicable Disease	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vision Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hearing Problems	<input type="checkbox"/>	<input type="checkbox"/>	_____

Is there any other health-related information, which you want to share with the school staff? Explain.

\_\_\_\_\_

The information you have provided will be treated confidentially according to the District's policy on student records. Some information may be shared with teachers or other staff members who work with your child when such information would be in the best interest of your child.

Signature of Parent/Guardian \_\_\_\_\_ DATE \_\_\_\_\_

Student First Name \_\_\_\_\_  
 Student Last Name \_\_\_\_\_