



ANNUAL HEALTH HISTORY

SCHOOL YEAR _____

***Fill out completely and return to the Nurse's office.**

Name _____ Male ☐ Female ☐ Birthdate ____/____/____ Gr. _____

Address _____ City / State _____ Zip _____

Parent / Guardian _____ Home Phone _____

Father's Business Phone _____ Mother's Business Phone _____

Employer _____ Employer _____

In case of emergency / illness at school and parents can not be reached, call:

Name _____ Phone _____

Physician _____ Phone _____ Dentist _____ Phone _____

Hospital Preference _____ School Previously Attended _____

Within the last year has your child had:

- Any serious illness, operation, hospitalization or serious accidents?
Yes ☐ No ☐ If YES, please explain _____
- Any allergies or special health problems or unusual health habits?
Yes ☐ No ☐ If YES, please explain _____
- Is your child on medication at home? Yes ☐ No ☐ If YES, please name the medication and reason.

- Is your child on medication at school? Yes ☐ No ☐ If YES, please name the medication and reason.

- Drug reaction? Yes ☐ No ☐ if YES, Please indicate _____
- Had an examination by an eye doctor? Yes ☐ No ☐ Date ____/____/____ By Dr: _____
- Were glasses recommended? Yes ☐ No ☐ Contacts? Yes ☐ No ☐
Reason: Nearsighted ☐ Farsighted ☐ Other _____
- Had a physical exam? ☐ Yes ☐ No Date: ____/____/____ By Doctor: _____
- Had a dental exam? ☐ Yes ☐ No Date: ____/____/____ By DDS: _____

Date of immunizations (since last September) - Indicate: day / month / year.

MMR # 2 ____/____/____ Td (Adult Tetanus) ____/____/____ Hepatitis B Series 1. ____/____/____

Varicella (chicken pox) ____/____/____ Polio ____/____/____ 2. ____/____/____

Other (Type & Dates) _____ 3. ____/____/____

List **current** health concerns: _____

List **past** health concerns: _____

Parent / Guardian Signature _____ Date ____/____/____

***FOR YOUR INFORMATION:** In order for schools to provide continuity of health care, a health record is kept on each child. This record includes immunizations, health history, hearing, vision and scoliosis screenings and chronic and acute illnesses. Pertinent health information will be shared with appropriate school staff.