HEALTH HISTORY FORM

(to be completed by parent/guardian)

Student Name: _____ Date of Birth: _____

Please explain any "yes" answers.

Pregnancy and delivery:		**Yes**	**No**
1.	Are you the biological parent?	____	____
2.	Did you have any health problems during pregnancy?	____	____
3.	Was your child delivery full term?	____	____
4.	If premature, how many weeks gestation? _____		
5.	Was delivery typical vaginal or typical?	____	____
6.	If no, was the delivery a cesarean birth?	____	____
7.	Did the baby have jaundice, turn blue, or have seizures?	____	____
8.	Did the baby stay in the hospital longer than the mother?	____	____

Please explain: _____

_____

Childhood Development:

1.	At what approximate age did your child walk? _____ talk? _____ toilet train? _____		
2.	Do you have any concerns about your child's developmental or emotional behavior of which the school should be aware of?	____	____
3.	Does your child make friends easily?	____	____
4.	Does your child have any speech problems?	____	____
5.	Does your child see well?	____	____
6.	Does your child need to sit close to the TV or hold a book close to his/her eyes?	____	____
7.	Does your child wear glasses?	____	____

Please explain: _____

_____

Health: Has your child had any of the following health conditions?

1.	Allergies (food, insects, drugs, pollen, etc.)?	____	____
2.	Asthma?	____	____
3.	Diabetes?	____	____
4.	Seizure disorder?	____	____
5.	Heart Disease or Heart Murmur?	____	____
6.	Kidney or Liver Disease?	____	____
7.	Arthritis or Bone Disease?	____	____
8.	Has your child had frequent ear infections?	____	____
9.	Were tubes ever placed in your child's ears?	____	____
10.	Any other chronic disease or health problems?	____	____

Please explain: _____

_____

Please list any operations your child has undergone and the dates: _____
Please list any medications prescribed for your child: _____

I assume full responsibility for informing the school nurse of any changes in my child's health status. I give my permission for the confidential and discreet use of the above information and the health evaluation completed by the physician to meet my child's health and educational needs in school.

Signature of Parent/Guardian: _____ Date: _____

Form Revised 1-14-2022