

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:** _____