

HERRICKS PUBLIC SCHOOLS

STUDENT HEALTH HISTORY

Name of Student: _____ Grade: _____ D.O.B.: _____

PLEASE NOTE: Health information will be shared with staff on a need to know basis only.

1. DEVELOPMENTAL HISTORY – Were there any problems during ...

Check	YES	NO	Explanation if "YES"
a. Pregnancy			
b. Labor and delivery			
c. Infant's early months			
d. Child's early years			

2. Has your child had any ...

Check	YES	NO	Explanation if "YES"
a. Serious medical conditions			
b. Serious illness			
c. Serious injuries			
d. Hospitalizations			
e. Surgery/operations			

3. Has your child had ...

Check	YES	NO	Explanation if "YES"
a. Chickenpox			
b. Hepatitis			
c. Meningitis			
d. Mononucleosis			
e. Pneumonia			
f. Rheumatic Fever			
g. Tuberculosis			
h. Strep			
i. Lyme Disease			
j. Any other communicable disease			Disease: _____ Date: _____



4. Does your child have any history of ...

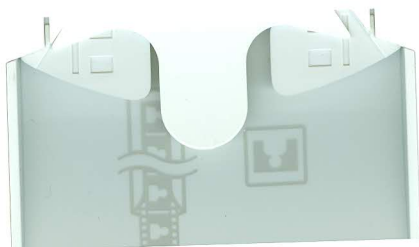
	Check one:	YES	NO
a. Allergies (to medications, food, insect bites, bee sting, other)			
b. Asthma			
c. Bleeding disorder			
d. Bowel problems			
e. Cardiac (heart) condition			
f. Congenital (birth) defects			
g. Convulsions, epilepsy, or seizures			
h. Ear condition or infections, fluid in ear three (3) times or more			
i. Eczema, psoriasis or any other skin condition			
j. Genital defect/condition			
k. Hearing problems			
l. Kidney or urinary problems			
m. Muscular problems or diseases			
n. Neurological problems or diseases			
o. Orthopedic problems or diseases			
p. Speech problem			
q. Vision problem, or wear glasses, contacts (give reason and when worn)			
r. Any condition currently under the care of a doctor			
s. Any condition for which a doctor has advised student not to participate fully in physical education			
t. Need to take daily medications			
u. Need to take emergency medication			

Any "YES" response to question No. 4 requires an explanation:

Question letter ____: Explanation:

Question letter ____: Explanation:

Question letter ____: Explanation:



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5. Has your child received any medical or other evaluation, the findings of which could help school personnel in meeting his/her health or educational needs?

6. Do you have any concerns about your child's developmental behavior or emotional well-being of which the school should be aware?

This image shows a single sheet of white paper with horizontal blue or green ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Information on this form may be shared with appropriate personnel for health and educational purposes.

Parent/Guardian Signature: _____

Date: _____

