

# 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: _____



