## **Cincinnati Public Schools**

## Health History Update - 2020-21

Please fill out and return to the school nurse or office. Thank you.

Ohio law requires that a current Health History form be on file for every student.

Student's Name	Date of Birth	/Grade/Homeroom
Doctor's Name	Phone Number	Last checkup or visit
Dentist's Name	Phone Number	Last checkup or visit
Insurance:Medicaid (Circle one: CareSource/ Medicaid)	Molina/ United Health Care/ Paran	nount/ Buckeye)
Private Insurance Provider's Name		
None		

## Any history of the following problems? (Circle Y for YES or N for NO)

History For Student and then Family	Student	Family
Allergies: Seasonal/Hay fever	ΥN	ΥN
Life Threatening Allergy to:	ΥN	
EpiPen prescribed	ΥN	
ADD/ADHD	ΥN	ΥN
Anemia or Other Blood Problems	ΥN	ΥN
Asthma	ΥN	ΥN
Behavioral Problems	ΥN	ΥN
Blood Pressure Problems (High/Low)	ΥN	ΥN
Developmental Problems	ΥN	
Cancer – type	ΥN	ΥN
Chronic Diarrhea or Constipation	ΥN	ΥN
Chronic Ear Infections	ΥN	
Depression	ΥN	ΥN
Diabetes	ΥN	ΥN
Drugs or Alcohol Used During Pregnancy	ΥN	
Eczema/Chronic Skin Condition	ΥN	ΥN

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History For Student and then Family	Student	Family
Emotional/Psychological Problems	ΥN	ΥN
Frequent Headaches	ΥN	ΥN
Head Injury/Concussion? When	ΥN	
Frequent Stomachaches	ΥN	ΥN
Hearing Problems	ΥN	ΥN
Heart Disease – type	ΥN	ΥN
Kidney Disease – type	ΥN	ΥN
Learning Problems	ΥN	ΥN
Prematurity or Birth Weight under 5 lb.	ΥN	
Seizure Disorder/Epilepsy/Tics	ΥN	ΥN
Sickle Cell Disease	ΥN	ΥN
Sleep Problems	ΥN	ΥN
Speech Problems	ΥN	ΥN
Toothaches/Dental Problems	ΥN	ΥN
Problems with Vision	ΥN	ΥN
Wears Glasses	ΥN	
Surgery? What type?	ΥN	

Tuberculosis (TB) Risk Assessment:
<b>Is your child in contact with any of the following people:</b> Immigrants from another country, someone diagnosed with or treated for TB, incarcerated children or adults, HIV infected, homeless, nursing home residents, institutionalized children or adults, illegal drug users, migrant farm workers?
For your child, please circle Yes or No below, and explain any Yes answers.
Diagnosed or treated for TB?NoYes
Immigration from another country?NoYes
Traveled to another country?NoYes
Ever been in itial or in 2020 (Juvenile Detention Center)?

Student's Name
Please list any <b>CURRENT</b> health problems or conditions your child has (may be same as above):
Please list any allergies (include <b>food, medications</b> , environmental, seasonal, etc.):
Please list any dietary restrictions (medical or non-medical
Does your child see a specialist? If yes, please list condition, doctor's name, and phone number:
Please list any medications (prescribed or over-the-counter) your child takes <b>at home</b> on a daily or as-needed basis (suc as medication for ADHD, allergies, asthma, or headaches):
SPECIAL NOTE: If your child must take any medications at school, including emergency medications (such as an inhaler or Epi Pen), you <u>must</u> fill out a CPS Administration of Medication form (available at the school).  Has your student had any operations, serious injuries or overnight hospital stays? NoYes; please explain:
Has your child ever been pregnant? NoYes; please explain:
Has your child ever been a victim of abuse? NoYes; please explain:
Has anything bad, scary or sad happened to your family? NoYes; please explain:
School Concerns
Is your child in a special education class? NoYes; please explain:
Has your child repeated a grade? No; details:;
Does your child get into trouble at school? NoYes; details:
What are your child's grades on the report card?
Any changes recently in grades? No Yes
Name of Parent/Guardian Date
How can we reach you during school hours? Cell: Work Other