



## Health History Update - 2018-2019

Please complete and return to the school nurse or office. Thank you.  
Ohio law requires that a 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 / Molina / United Health Care / Paramount / 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	Y N	Y N
Life Threatening Allergy to: _____	Y N	
EpiPen prescribed	Y N	
ADD/ADHD	Y N	Y N
Anemia or Other Blood Problems	Y N	Y N
Asthma	Y N	Y N
Behavioral Problems _____	Y N	Y N
Blood Pressure Problems (High/Low)	Y N	Y N
Developmental Problems _____	Y N	
Cancer – type _____	Y N	Y N
Chronic Diarrhea or Constipation	Y N	Y N
Chronic Ear Infections	Y N	
Depression	Y N	Y N
Diabetes	Y N	Y N
Drugs or Alcohol Used During Pregnancy	Y N	
Eczema/Chronic Skin Condition	Y N	Y N

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

### Tuberculosis (TB) Risk Assessment:

**Is your child in contact with any of the following people:** 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? \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_\_

Immigration from another country? \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_\_

Traveled to another country? \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_\_

Ever been in jail or in 2020 juvenile center? \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_\_

**Student's Name** \_\_\_\_\_

Please list any **CURRENT** health problems or conditions your child has (may be same as above): \_\_\_\_\_  
\_\_\_\_\_

Please list any allergies (include **food, medications**, 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 **at home** on a daily or as-needed basis (such as medication for ADHD, allergies, asthma, headaches): \_\_\_\_\_  
\_\_\_\_\_

**SPECIAL NOTE: If your child must take any medications at school, including emergency medications (such as an inhaler or Epi Pen), you must fill out a CPS Administration of Medication form (available at the school).**

Has your student had any operations, serious injuries or overnight hospital stays? No \_\_\_ Yes \_\_\_; please explain:  
\_\_\_\_\_

Has your child ever been pregnant? No \_\_\_ Yes \_\_\_; please explain:  
\_\_\_\_\_

Has your child ever been a victim of abuse? No \_\_\_ Yes \_\_\_; please explain:  
\_\_\_\_\_

Has anything bad, scary or sad happened to your family? No \_\_\_ Yes \_\_\_; please explain:  
\_\_\_\_\_

### **School Concerns**

Is your child in a special education class? No \_\_\_ Yes \_\_\_; please explain: \_\_\_\_\_

Has your child repeated a grade? No \_\_\_ Yes \_\_\_; details: \_\_\_\_\_

Does your child get into trouble at school? No \_\_\_ Yes \_\_\_; 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 \_\_\_\_\_