

Health History Update: 2019-20

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 Juvenile Detention Center (2020)? ___ 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, or 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 _____