



HEALTH SERVICES

STUDENT HEALTH HISTORY & UPDATE

(To be completed by parent or guardian)

Dear Parent or Guardian:

Please complete the health history and update information below. It is recommended that this health history form be on file for all students and updated annually. Please answer all questions.

Please note: This form does not take the place of the [Parent Permission & Health History for Interscholastic Athletics](#).

Student Name (First, Middle, Last):			
School:	DOB:	Sex:	Grade in Sept:
Parent/Guardian:			
Phone:	Alternate Phone:		
Home Address:			

Please check if the student has ever had any of the following:

- | | | |
|--|---|---|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Headaches | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Prolonged Bleeding |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease Murmur | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Jaundice | <input type="checkbox"/> Stomach Pain |
| <input type="checkbox"/> Eye Problem | <input type="checkbox"/> Joint Problem | <input type="checkbox"/> Tuberculosis |

Give dates and explanations for any conditions checked above:

Since the last physical examination has your child had any of the following?

	Yes	No		Yes	No
Any injuries requiring medical attention?			Treated in a hospital or emergency room?		
Any illness lasting more than 5 days?			Any reason this person should not participate in any sport?		
Taking any medication/under physician's care?			Any excused absences from Phys. Ed.?		
Any feeling of faintness, dizziness, or fatigue after heavy exertion?			Any known allergies?		
Wears glasses, contacts?			Any chronic disease?		
A surgical procedure/ fracture?			Any head injury with or without loss of consciousness?		

If you answer "YES" to the any of the above questions, please explain the reason below.

Comments:

Parent/Guardian Signature: _____ **Date:** _____