

CENTRAL CATHOLIC HIGH SCHOOL  
HEALTH HISTORY

To be completed by parent

CLASS OF \_\_\_\_\_

Student's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

1. When did your child last see a medical doctor? \_\_\_\_\_

Explain: \_\_\_\_\_

2. Does/Has your child have/had disease(s) that affects the function of the eye, ear, heart, kidney, muscles, lungs, or immune system? YES \_\_\_\_\_ NO \_\_\_\_\_ if "yes" explain: \_\_\_\_\_

3. List any operations, fractures, sprains, or bone dislocations.  
\_\_\_\_\_  
Date or Age \_\_\_\_\_  
\_\_\_\_\_  
Date or Age \_\_\_\_\_

4. Has your child ever had any of the following? Please circle Y for YES and N for NO.

a. Asthma	Y N	l. Mononucleosis	Y N
b. Allergies	Y N	m. Cancer	Y N
c. Fainting	Y N	n. Pneumonia	Y N
d. Heart Murmur/Condition	Y N	o. Hepatitis	Y N
e. Rheumatic Fever	Y N	p. ADD/ADHD	Y N
f. Kidney Disease or Injury	Y N	q. Meningitis	Y N
g. Migraine Headaches	Y N	r. Concussion/Head Injury	Y N
h. Diabetes	Y N	s. Seizure Disorder	Y N
i. Menstrual Problems	Y N	t. Serious Dental Problems	Y N
j. Blood Disorders	Y N	u. Tumors	Y N
k. Arthritis/Joint Tenderness	Y N	v. Bridges/False Teeth	Y N
Any behavioral, psychological or mental health problems?	Y N		

HAS YOUR CHILD EVER HAD CHICKENPOX \_\_\_ YES \_\_\_ NO WHEN? \_\_\_\_\_

PLEASE EXPLAIN ANY YES ANSWERS TO THE ABOVE QUESTIONS: \_\_\_\_\_

List Allergies: \_\_\_\_\_ Epipen prescribed? Yes No

ANY OTHER SERIOUS ILLNESS OR INJURY: \_\_\_\_\_

5. Does your child take any medication now? \_\_\_\_\_ If so what? \_\_\_\_\_

6. Does your child wear contacts or glasses? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Do you know any reason for your child not to participate in sports? \_\_\_\_\_

**PARENTS PLEASE NOTE.....CCHS MUST KNOW WHAT YOUR HEALTH INSURANCE PLAN IS CALLED. \*\*\*\*if no health insurance write none\*\*\*\***

NAME OF PLAN \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE