Duluth

ANNUAL HEALTH HISTORY (2-sided form)

School Year

O Public Schools	3010				
Name		🗆 Male	Female Birth	ndate//	Gr
Parent / Guardian					
Parent / Guardian		Home Ph		Work PhCell	
Physician	Phone	Dentist		Phone	
Hospital Preference	·····	School Pre	eviously Attended		
Is student covered by health insurance	e? □Yes □No (If yes: □ Me	dical Assistance 🛛 M	nnesota Care 🗖 Private/	employer-provided ins	urance)
In case of emergency /	illness at school an	d parents can	not be reached, o	call:	
Name	Pho	ne (H)	(W)	(C)	Call 1 st /2 nd
Name					
Allergies: Current Health Diagnosis/Co	anditions (nhysical &/o	r mental health): (/	avample: Asthma Dia	abetes ADHD)	
		i mentai neattii). (example. Astima, Dia	abeles, ADI D)	
Serious illness, operation, h	ospitalization or accide	ents within the <u>las</u>	at 12 months:		
Medications (at home &/or a	t school) - provide dru	g name, dosage &	times taken:		
0.	edication is to be tak			• (
Policy requires that a pharmacy labe available from the school health office					
Date of last eye exam:/	/ By Dr:		_ Glasses? □Yes	□No Contacts?	? □Yes □No
Reason for glasse	es: 🗆 Nearsighted	Farsighted	Other:		
Date of last Physical exam:	/ / By D	octor:			
Date of last Dental exam:		S:			

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Parent/Guardian Signature

Please Print Name

Date

In order for schools to provide continuity of health care, a health record is kept on file for each child that includes: immunizations, health history, and hearing & vision screenings. Health information may be shared with school staff to insure continuity of care.

DISCLOSURE OF PROTECTED HEALTH INFORMATION

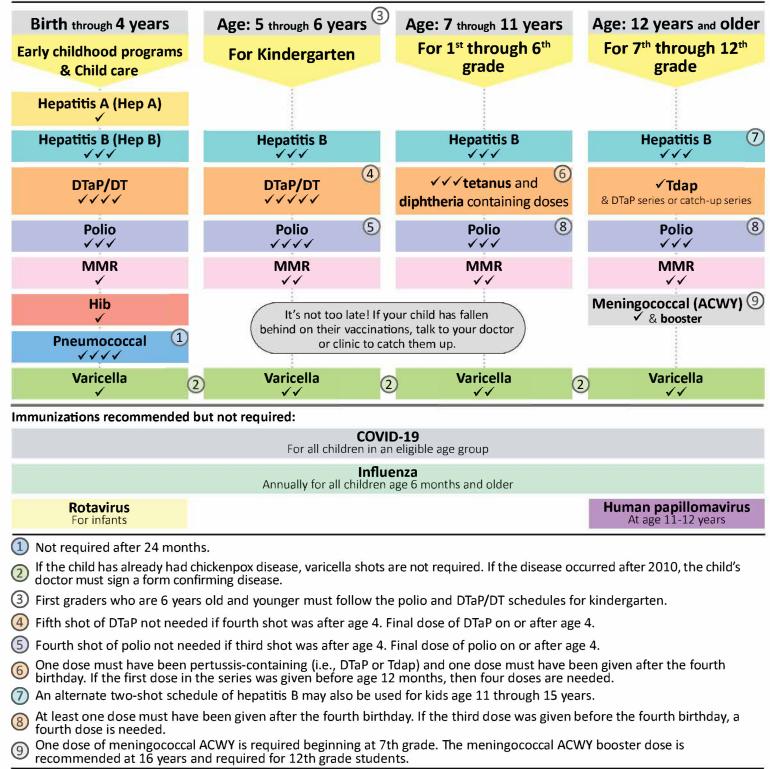
- I may refuse to sign this annual health history and it will not affect my child's ability to receive educational services.
- The laws that protect the information identified on the Annual Health History in some situations may allow or require this entity to disclose this information, but
 only as permitted by law Health Insurance Portability and Accountability Act (HIPAA) Family Educational Rights and Privacy Act (FERPA), Minnesota
 Government Data Practices Act (MGDPA) or Chapter 13.

Are Your Kids Ready?

What Minnesota's Immunization Law Requires

Immunization
RequirementsUse this chart as a guide to determine which vaccines are required to enroll in child care, early childhood
programs, and school (online, home school, public, or private).

Find the child's age/grade level and look to see if your child had the number of shots shown by the checkmarks under each vaccine. The table on the back shows the ages when doses are due.



Exemptions To enroll in child care, early childhood programs, and school in Minnesota, children must show they've had these immunizations or file a legal exemption.

Parents may file a medical exemption signed by a health care provider or a non-medical exemption signed by a parent/guardian and notarized.