

**TULSA PUBLIC SCHOOLS
HEALTH SERVICES
HEALTH HISTORY**

Name: _____ School: _____ Grade: _____ Date of Birth: _____

Date: _____ Family Doctor/Clinic _____

Birth History: Any problems with pregnancy, delivery, or defects.

Please explain:

Previous History: Health condition requiring treatment by physician.

Allergies: list allergy & medication:

Asthma: list medication taken _____

Convulsive disorder _____

Diabetes: _____

Heart Problems: _____

Kidney/Bladder: _____

Accidents: fractures, head injuries, internal injuries.

Surgery: Please explain and give date; _____

ADD/ADHD; _____

Communicable Diseases: (chicken pox, mumps, measles, scarlet fever). Give date & any complications:

List any other health conditions or medications:

Parent/Guardian Signature: _____

Date: _____

Phone Number: _____

HD 24 Rev. 06/95, 04/07

**FRONT
(2 side copy)**