

MERCY MCAULEY HIGH SCHOOL STUDENT HEALTH INFORMATION

School Nurse Phone: 513-681-1800x1126

STUDENT MEDICAL RECORD FORM	
Name:	Date of Birth:
Health Problems/Limitations: Please circle if applicable Asthma Diabetes Headaches Seizure Disorder Physical Disability Menstrual Problems Digestive Disorder Hearing Loss Kidney Disease Scoliosis Other:	Special considerations/actions needed at school regarding health issues:
Allergies: If bee sting or food allergy, list type of reaction and action to be taken at school	Current Medications:

IMMUNIZATION HISTORY					
State law requires the month, day and year of each immunization given. Attach a copy of electronic record or complete.					
DTaP, DTP,DT	1. __/__/__	2. __/__/__	3. __/__/__	4. __/__/__	5. __/__/__
Tdap	1. __/__/__				
Polio (4 doses)	1. __/__/__	2. __/__/__	3. __/__/__	4. __/__/__	
MMR (2 doses)	1. __/__/__	2. __/__/__			
Hib	1. __/__/__	2. __/__/__	3. __/__/__	4. __/__/__	
Hep B (3 doses)	1. __/__/__	2. __/__/__	3. __/__/__		
Varicella (chicken pox) 1 or 2 doses	1. __/__/__	2. __/__/__	Or disease		
Meningitis: (Menactra, MCV4, Meningococcal)	__/__/__	__/__/__			

Note about medication at school: **Administration of Medication Form** must be completed for school personnel to administer prescribed medication or for students to self-administer an **epipen autoinjector or asthma inhaler**. This form can be found on the school website.

Signature of Parent: _____ **Date:** _____

May this information be shared with school personnel if it is pertinent to your child's health & safety or educational progress? Please circle: Yes No