

HEALTH HISTORY FORM

STUDENT _____ **Date of Birth** _____ **Sex:** ___M___F___Non-Binary **Entering Grade** ___
First Name Middle Last Name mm/dd/yy

IMPORTANT NOTICE OF PRIVACY: This information is strictly for the use of WMA's Health Services Office in providing necessary health care while you are a student at Wilbraham & Monson Academy. Confidentiality of all health information will be strictly observed. It will not be released to anyone without your knowledge and consent. This page should be filled out by the student and/or parent and reviewed by the child's physician.

PERSONAL HISTORY: All questions must be answered. Comment on all "yes" answers on an additional sheet of paper.

Do you now or have you ever had the following:	Yes	No	Dates/Comments	ALLERGIES	Yes	No	Comments
Bronchitis/Pneumonia				Food			
Chicken Pox				Insects			
Ear Infections				Other			
Hepatitis				EpiPen Rx			
Lyme Disease				CHRONIC ILLNESS			
Malaria				Cardiac			
Measles				Fainting/Dizziness			
Meningitis				Mitral Valve Prolapse			
Mononucleosis				Heart Murmur			
Mumps				Other			
Pertussis				Endocrine			
Shingles				Diabetes			
Sinusitis				Insulin Injection			
Tuberculosis				Insulin Pump			
HEADACHES				Thyroid			
Other				Other			
Surgery				Gastrointestinal			
Appendectomy				Chronic Constipation			
Hernia Repair				Disordered Eating			
Tonsillectomy				Ulcers			
Other:				Weight Changes			
				Other			
Females Only				Genito-Urinary			
Age of onset of menses				Musculoskeletal			
Irregular Periods				Congenital Deformities			
History of severe cramps				Orthopedic Problems			
GYN conditions				Surgery History			
Taking Birth Control Pill				Other			
Other:				Neurological Issues			
FAMILY HISTORY	AGE	OCCUPATION		Concussion			
Father				Seizures			
Mother				Learning Disabilities			
				ADD/ADHD			
Sister				Other			
Sister				Psychiatric			Medication?
Sister				Anxiety/Panic			
Brother				Depression			
Brother				Sleep Disorders			
Brother				Substance Abuse			
VISION/HEARING/SPEECH	Describe:			Other			
Wears Glasses	Yes	No		Respiratory			
Hearing Aids				Asthma			Medication?
				Other			