Name of Former School: _____

City:_____ **State:** _____

Los Alamitos Unified School District

Student Health History

(To be completed upon first entry to district)

Student Name: _____ **School:** _____ **Grade:** _____

Last name, first name (nickname)

Birthdate: _____ Age: _____years Male ____ Female ____ Allergies: _____

Does your child have: ☐ Medical Insurance ☐ Dental Insurance ☐ Vision Insurance

Approximate Date of Last: Doctor's visit _____ Dental exam _____ Eye exam _____

General Medical History:

List Medications taken regularly: _____

Has your child had any problems with: (please explain)

Problem	Current	Past	Explain:
Life Threatening Allergies (EpiPen? Yes – No)	☐	☐	_____
Non-Life Threatening Allergies	☐	☐	_____
Asthma	☐	☐	_____
Diabetes:	☐	☐	_____
			_Check all that apply: (Insulin @ school? ☐ - Insulin Pump? ☐ – Insulin Pen?)
Seizures	☐	☐	_____
Heart	☐	☐	_____
Lungs	☐	☐	_____
Kidneys	☐	☐	_____
Cancer (Central line, Chemo, remission, cure)	☐	☐	_____
Chronic Cough (how long: ____)	☐	☐	_____
Exposure to Tuberculosis	☐	☐	_____
Stomach	☐	☐	_____
Bones	☐	☐	_____
Joints	☐	☐	_____
Frequent Ear Infections	☐	☐	_____
Hearing Loss	☐	☐	_____
Emotional Stress	☐	☐	_____
Migraines	☐	☐	_____
Skin Disorder	☐	☐	_____
Blood Disorder	☐	☐	_____
Developmental Disability	☐	☐	_____
ADD/ADHD (circle one)	☐	☐	_____
Glasses/Contacts (circle one)	☐	☐	☐ Distance ☐ Near _____
Operations	☐	☐	_____

Has your child had any serious medical condition not explained above: ☐Yes ☐No At what age? _____

Explain: _____

_____

_____

Signature of Parent/Guardian: _____ Date: _____