Orange Unified School District
Student Health Inventory

Date _____ **Grade** _____ **Birthdate** _____

Student Name _____ **Male** ☐ **Female** ☐
Last *First* *Middle*

HEALTH STATUS	NO	YES	DESCRIBE IF YES	NO	YES
*Any changes since last school year?	☐	☐	Specify:		
ALLERGIES	☐	☐	Seasonal/Environmental ☐ Mild ☐ Severe ☐ Allergic to: Takes daily medication: If yes, specify: _____ Has emergency medication: **If yes, specify: _____	 ☐ ☐	 ☐ ☐
ASTHMA	☐	☐	Mild ☐ Severe ☐ Specify type and/or cause of asthma attack: Takes daily medication: If yes, specify: _____ Has emergency medication: **If yes, specify: _____	 ☐ ☐	 ☐ ☐
BEE STING ALLERGY	☐	☐	**Needs antihistamine if stung **Needs epinephrine injection if stung	☐ ☐	☐ ☐
DENTAL PROBLEM	☐	☐	Has received dental care Date of last dental exam: _____	☐	☐
DIABETES	☐	☐	Tests blood routinely Has glucagon injection	☐ ☐	☐ ☐
EPILEPSY OR SEIZURES	☐	☐	Takes daily medication If yes, specify: _____ Has emergency medication **If yes, specify: _____	☐ ☐	☐ ☐
HEARING PROBLEMS	☐	☐	Wears hearing aids: Under doctor's care: Date of last doctor's visit: _____	☐ ☐	☐ ☐
HEART CONDITION	☐	☐	Under doctors care Specify restrictions at school: _____	☐	☐
ORTHOPEDIC PROBLEM	☐	☐	Under doctors care Specify any restrictions at school: _____	☐	☐
SERIOUS INJURY OR ILLNESS NOW OR IN PAST	☐	☐	Under doctors care Specify: Takes daily medication If yes, specify: _____ Takes emergency medication **If yes, specify: _____	☐☐ ☐ ☐	☐☐ ☐ ☐
SURGERY/OPERATIONS	☐	☐	Under doctors care Specify:	☐	☐
HAS HEALTH CONDITION WHICH PREVENTS PARTICIPATION IN REGULAR P.E.	☐	☐	Specify condition and limitations:		
HAS TROUBLE SEEING	☐	☐	Difficulty with distance ☐ Difficulty with near vision ☐ Wears glasses/contact lenses Date of last visit with eye doctor _____	 ☐	 ☐
OTHER HEALTH PROBLEM	☐	☐	Specify problem: Specify any needs at school: List medications: _____		

*Complete a new Student Health Inventory any time there are changes in your child's health.
**Use of medication at school requires a signed Parent and Physician Request for Medication form, which is available at OrangeUSD.org or your child's school.