

LONGWOOD ELEMENTARY STUDENT HEALTH HISTORY

Name: _____ Age: _____ Birthdate: _____ Grade: _____

Address: _____ Phone Number: _____

Date: _____ Individual providing health history: _____

History:

Does this child have an ongoing health concern? (asthma, diabetes, heart murmur, seizure, etc.) ☐ Yes ☐ No

If "yes", please describe: _____

Does this child have any allergies? ☐ Yes ☐ No

If "yes", please list: _____

Has the allergy required emergency treatment? ☐ Yes ☐ No

If "yes", please explain: _____

Is there a history of any hospitalizations, significant injuries or surgery in the past year? ☐ Yes ☐ No

If "yes", please describe: _____

In the past year has your child experienced any medical concerns/injuries? ☐ Yes ☐ No

☐ Head injury _____

☐ Eye injury _____

☐ Fainting / dizzy spells _____

☐ Headache _____

☐ Chest Pain _____

☐ Absence of Testicle _____

☐ Breathing problems _____

☐ Gastrointestinal _____

☐ Genitourinary _____

☐ Seizure _____

☐ Hernia _____

☐ Neck injury _____

☐ Musculoskeletal (include any past fractures, etc.) _____

Does this child take any medication regularly at home? ☐ Yes ☐ No

Require medication at school?

☐ Yes ☐ No

If "yes", please describe: _____

Please list any additional concerns or information: _____

List any significant medical concerns in family:

☐ Mother _____ ☐ Father _____

☐ Siblings _____ ☐ Grandparents _____

☐ Other _____

Home Environment

Do any family members smoke in the home? ☐ Yes ☐ No

Do you have pets? ☐ Yes ☐ No : Specifically (birds, dogs, cats) _____

Any additional concerns or pertinent information?

Parent Name: _____ Date: _____

School: ☐ Longwood Middle School ☐ CEW ☐ Coram ☐ Ridge ☐ WMI