SPC Health History Update

Saint Paul Public Schools
Health and Wellness

Date: _____ Student Name:_____

Student ID: _____ DOB:_____ Age: _____ Grade:_____ Preferred Pronouns_____

Form completed by: _____ Relationship to student: _____

Does your child have any known health conditions? No Yes (check below)

- ☐ ADHD
- ☐ Anaphylactic Allergies*
- ☐ Anxiety
- ☐ Arthritis
- ☐ Asthma*
- ☐ Autism
- ☐ Bleeding Disorder
- ☐ Bone Condition
- ☐ Bowel/Bladder Concerns
- ☐ Concussion/Brain Injury
- ☐ Depression
- ☐ Diabetes*
- ☐ Headaches
- ☐ Hearing Loss
- ☐ Heart Condition
- ☐ Kidney Concerns
- ☐ Muscle Concerns
- ☐ Pregnant/Parenting*
- ☐ Seizures*
- ☐ Sickle Cell Disease
- ☐ Skin
- ☐ Vision: ☐ Glasses ☐ Contacts
- ☐ Other (list below)

**Health staff: complete condition specific questionnaire/checklist*

Allergies:

Food: _____ Reaction:_____

Insects: _____ Reaction:_____

Other: _____ Reaction:_____

Medications/Treatments:

Name of Medication/Treatments	Dose	Takes at Home	Takes at School	Condition Treated

Does your child need any help with: ☐ Toileting ☐ Eating/Special Diet ☐ Communicating ☐ Walking/Moving ☐ Dressing

Share additional information about health conditions here: _____

_____

_____

********** PLEASE STOP HERE **********

Health Information reviewed by:_____ ☐ Student Present ☐ Student Not Present

Immunizations:
- ☐ UTD
- ☐ No Record
- ☐ Missing_____
- ☐ Parent will email record
- ☐ ROI signed
- ☐ Refugee Status (2 mo exempt)
- ☐ CO form

Vision:
- ☐ Pass
- ☐ Refer
- ☐ Unable
- ☐ Cor Lens: Y N
- ☐ Sloan:

R: 10/_____

L: 10/_____

Cross off tones not heard:

R: 500	1000	2000	4000	6000
L: 500	1000	2000	4000	6000

Hearing:
- ☐ Pass: Audio / OAE
- ☐ Audio: Refer ☐ R ☐ L
- ☐ OAE: Refer ☐ R ☐ L
- ☐ Unable
- ☐ F/U LSN

Otoscopic

R:_____

L:_____

Tymp:

R: _____

L:_____

Referrals:
- ☐ Portico
- ☐ Health Start Clinics
- ☐ Healthy Homes (Asthma)
- ☐ SPPS Mental Health
- ☐ St. Mary's Clinic
- ☐ PEI: P/G Ph# _____
- ☐ VSP Certificate
- ☐ SPPS Audiology
- ☐ SPPS Blind/Visually Impaired
- ☐ Other_____

Documentation: ☐ Health Condition List Updated ☐ Results in H/V Screening Tab ☐ Contact Log for Referrals/ROIs/Immunization plan ☐ Upload Health History form, ROIs, H25s, Questionnaires, Checklists