



Student Health History

Student Name (Last) _____ (First) _____

Birthdate: _____ ** Parent/Guardian is responsible for notifying school of any changes in student's health status.

State law requires that students with life-threatening conditions such as anaphylaxis, severe asthma, diabetes or seizures have a care plan completed prior to the first day of school. Contact the school nurse as soon as possible to complete the proper forms.

Does your student have a LIFE-THREATENING health condition? Yes No

MEDICAL HISTORY (check all that apply)

Life-Threatening Conditions: (Care plan is REQUIRED)

- EG Anaphylaxis (Epi-pen prescribed)
Allergen/s:
- EK Diabetes Type 1
- NP Seizures – (Emergency medication required)
- RG Asthma – Severe
- Other Life-Threatening Condition:

Congenital / Genetic

- AH Down Syndrome
- AJ Fetal Alcohol Spectrum Disorder
- Please list:

Blood / Hematology

- BA Anemia
- BB Hemophilia
- BC Sickle Cell Disease Trait
- OJ History of Severe Nosebleeds
- Other Blood Condition:

Cardiac / Heart

- CC Heart Birth Defect
- CD Heart Murmur
- Other Cardiovascular Condition:

Allergy, Immune, Endocrine, Metabolic and Nutritional

- ED Allergy – Food
- EE Allergy – Insect
- Allergy – Other List:
- EL Diabetes Type 2
- Other Endocrine, Immune, Nutritional or Metabolic:

Gastrointestinal, Dental and Oral

- GA Celiac
- GG Food Intolerance List:
- GL Lactose Intolerance
- GF Encopresis
- GO Chronic Constipation
- GH Gastric Reflux
- GJ Inflammatory Bowel Disease
- GK Irritable Bowel Syndrome
- Other Gastrointestinal, Liver, Dental, Oral Condition

Musculoskeletal

- MC Juvenile Rheumatoid / Idiopathic Arthritis
- Please list:

Cancer / Tumor

- Please list:

Nervous System

- NB ADHD / ADD diagnosed by:
- NC Autism Spectrum Disorder
- NE Cerebral Palsy
- NF Developmental Disability
- NH Migraines
- NI Headaches, Recurring
- NP Seizure Disorder Current History Type:
- NU Traumatic Brain Injury
- Other Neurological Condition:

Transplant

- OD List organ:

Mental or Behavioral Health

- PA Anxiety
- PC Depression
- PH Sleep Disorder
- Other Mental or Behavioral Health Condition

Respiratory / Breathing

- RG Asthma – Current
- RH Asthma – Mild, Moderate or Severe - Circle One
- RA Asthma – Exercised Induced
- RE Reactive Airway Disease
- Other Respiratory Condition:

Skin

- SB Eczema or Contact Dermatitis or Psoriasis
- Other Skin Condition:

Renal / Kidney

- Please list:

Ear / Hearing

- YA Chronic Ear Infections Currently Historically
- YB Hearing Impaired Hearing Aid/s Cochlear Implant
- Other Ear Condition:

Eye / Vision

- YF Wears glasses / contacts
- YE Color Vision Deficit
- YD Visually Impaired
- Other Eye Condition:

Other Health Concerns:

- Please list:

OC No known health concerns.

Please initial: _____