



WORTHINGTON SCHOOLS

STUDENT HEALTH HISTORY FORM

DEMOGRAPHIC DATA

Student's name: _____ Today's Date: _____

Grade: _____ Birthdate: _____ Male Female

Student's address: _____
street city state zip

Parent/Guardian: _____

Phone: _____ Siblings: _____

MEDICATIONS

List medications given daily/reason:

1. _____ / _____ 2. _____ / _____

3. _____ / _____ 4. _____ / _____

ALLERGIES Yes, indicate type of allergies below None known

	Name/Type	Reaction	Treatment
Food	_____	_____	_____
Bees/Wasps	_____	_____	_____
Drugs	_____	_____	_____
Environmental	_____	_____	_____
Animals	_____	_____	_____

Has the physician written a prescription for an EPIPEN for any of the allergies listed above? YES NO

HEALTH HISTORY

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Menstrual Problems | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Developmental Delays | <input type="checkbox"/> Mental Health Issues | <input type="checkbox"/> Stomach Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Migraines | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> Birth Defects | <input type="checkbox"/> Hearing Problems | <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Urinary Problems |
| <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Seizures, tics or tremors | <input type="checkbox"/> Visual Problems |
| <input type="checkbox"/> Chronic Bowel Problems | <input type="checkbox"/> Hospitalizations | <input type="checkbox"/> Serious Illnesses | <input type="checkbox"/> Other Health Concern |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Learning Problems | <input type="checkbox"/> Sickle Cell | (Please list below) |

Health Concern checked above	Age of child @ diagnosis	Hospitalization date (s)	Any long term problems
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

