

LONGWOOD CENTRAL SCHOOL DISTRICT

STUDENT HEALTH HISTORY

Name: _____ Building _____

Birthdate: _____ Grade: _____

Phone Number: _____ Date: _____

Individual providing health history: _____

Sex Assigned at Birth: ☐ Male ☐ Female

Gender Identity: ☐ Male ☐ Female ☐ Nonbinary ☐ X

Does this child have any ongoing health concerns? (asthma, diabetes, heart murmur, seizure, serious illness, mental health, 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:

Does this child have any problems with vision or hearing? ☐ Yes ☐ No If "yes" please explain

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

Require medication at school? ☐ Yes ☐ No If "yes" please describe:

Has this child ever experienced any of the following signs or symptoms?

☐ Fainting or seizure, especially during or right after exercise or with excitement

☐ Excessive, unexpected fatigue during or after exercise

☐ Racing heart, palpitations, or irregular heartbeat

☐ High blood pressure

☐ Dizziness, lightheadedness, or extreme fatigue with exercise

☐ High cholesterol

☐ Chest pain or discomfort with exercise

Please explain:

☐ Excessive shortness of breath during exercise

Family History Risk Factors for Sudden Cardiac Arrest:

Check all that apply:

☐ Family history of known heart abnormalities or sudden death before 50 years of age

- ☐ Family members with unexplained fainting, seizures, drowning, near drowning or car accidents before 50 years of age
- ☐ Structural heart abnormality, repaired or unrepaired
- ☐ Any relative diagnosed with the following conditions:
 - ☐ Enlarged Heart/ Hypertrophic Cardiomyopathy/Dilated Cardiomyopathy
 - ☐ Arrhythmogenic Right Ventricular Cardiomyopathy
 - ☐ Heart rhythm problems, long or short QT interval
 - ☐ Brugada Syndrome
 - ☐ Catecholaminergic Ventricular Tachycardia
 - ☐ Marfan Syndrome- aortic rupture
 - ☐ Heart attack at 50 years or younger
 - ☐ Pacemaker or implanted cardiac defibrillator (ICD)

List any other significant medical concerns in family:

- | | |
|--|--|
| ☐ Mother _____
☐ Father _____
☐ Other _____ | ☐ Siblings _____
☐ Grandparents _____ |
|--|--|

Home environment:

Do any family members smoke in the home? ☐ Yes ☐ No
 Are there any pets in the home? ☐ Yes ☐ No Please List:

Please list any additional concerns or pertinent information:

Parent/Guardian Name
 (Print please): _____

Parent/Guardian
 Signature _____ Date: _____