

ANNUAL HEALTH HISTORY (2-sided form)

School Year _____

Name _____ Male Female Birthdate ___/___/___ Gr. _____

Parent / Guardian _____ Home Ph _____ Work Ph _____ Cell _____

Parent / Guardian _____ Home Ph _____ Work Ph _____ Cell _____

Physician _____ Phone _____ Dentist _____ Phone _____

Hospital Preference _____ School Previously Attended _____

Is student covered by health insurance? Yes No (If yes: Medical Assistance Minnesota Care Private/ employer-provided insurance)

In case of emergency / illness at school and parents can not be reached, call:

Name _____ Phone (H) _____ (W) _____ (C) _____ Call 1st/2nd

Name _____ Phone (H) _____ (W) _____ (C) _____ Call 1st/2nd

**Immunizations are required by law to attend school.
Please provide documentation of all immunizations given in the past year.**

Allergies:

Current Health Diagnosis/Conditions (physical &/or mental health): (example: Asthma, Diabetes, ADHD)

Serious illness, operation, hospitalization or accidents within the last 12 months:

Medications (at home &/or at school) - provide drug name, dosage & times taken:

When medication is to be taken in school: Contact the School Health Office.

Policy requires that a pharmacy labeled container of the medication be provided, along with written parent/guardian & prescriber permission. Medication forms are available from the school health office. The school is able to fax the provider for permission once parent/guardian signature has been obtained.

Date of last eye exam: ___/___/___ By Dr: _____ Glasses? Yes No Contacts? Yes No

Reason for glasses: Nearsighted Farsighted Other: _____

Date of last Physical exam: ___/___/___ By Doctor: _____

Date of last Dental exam: ___/___/___ By DDS: _____

X _____
Parent/Guardian Signature Please Print Name Date

In order for schools to provide continuity of health care, a health record is kept on file for each child that includes: immunizations, health history, and hearing & vision screenings. Health information may be shared with school staff to insure continuity of care.

DISCLOSURE OF PROTECTED HEALTH INFORMATION

- I may refuse to sign this annual health history and it will not affect my child's ability to receive educational services.
- The laws that protect the information identified on the Annual Health History in some situations may allow or require this entity to disclose this information, but only as permitted by law Health Insurance Portability and Accountability Act (HIPAA) Family Educational Rights and Privacy Act (FERPA), Minnesota Government Data Practices Act (MGDPA) or Chapter 13.

Are Your Kids Ready?

Minnesota K-12 Immunization Law

Students are required to receive certain vaccines for school or submit an exemption. This requirement applies for all public, private, online, and home schools in Minnesota. Look for your child's grade in the chart below and see how many total doses of each vaccine are needed for their grade.

Required Immunizations	Kindergarten to Sixth Grade	Seventh Grade to Eleventh Grade	Twelfth Grade
Hepatitis B (Hep B)	3 Doses	3 Doses	3 Doses
Polio (IPV)	4 Doses	4 Doses	4 Doses
Measles, mumps, rubella (MMR)	2 Doses	2 Doses	2 Doses
Varicella (Chickenpox)	2 Doses	2 Doses	2 Doses
Diphtheria, tetanus, and pertussis (DTaP)	5 Doses	5 Doses	5 Doses
Tetanus, diphtheria, and pertussis (Tdap)		1 Dose	1 Dose
Meningococcal ACWY (MenACWY)		1 Dose	2 Doses

Note: The number of doses may be different if your child is behind schedule. If your child has fallen behind on their vaccinations it is not too late to catch-up, talk to their health care provider.

Recommended but not required for school

Influenza (flu), COVID-19, Human Papillomavirus (HPV), Meningococcal B (MenB) and other vaccines are recommended for children to ensure they are fully protected. Talk to your health care provider about when your child should receive these immunizations. For more information visit [CDC: Vaccine Schedules For You and Your Family \(www.cdc.gov/vaccines/imz-schedules/index.html\)](https://www.cdc.gov/vaccines/imz-schedules/index.html).

Tips for parents and guardians

- Make sure your child has received all of the required immunizations before their first day of school or submit an exemption.
- Submit a copy of your child's immunization record to their school. You can get a copy of their record from the clinic or find their record on [Find My Immunization Record \(www.health.state.mn.us/people/immunize/miic/records.html\)](https://www.health.state.mn.us/people/immunize/miic/records.html).
- Please complete the reverse side if your child requires an exemption for medical reasons or if you are opting for a non-medical exemption due to personal beliefs.



[Vaccines for Infants, Children, and Adolescents \(www.health.state.mn.us/people/immunize/basics/kids.html\)](https://www.health.state.mn.us/people/immunize/basics/kids.html)