

LONGWOOD ELEMENTARY STUDENT HEALTH HISTORY

Name: _____ Age: _____ Birthdate: _____ Grade: _____

Address: _____ Phone Number: _____

Date: _____ Individual providing health history: _____

History:

Does this child have an ongoing health concern? (asthma, diabetes, heart murmur, seizure, 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: _____

In the past year has your child experienced any medical concerns/injuries? Yes No

Head injury _____ Eye injury _____ Hernia _____

Fainting/ dizzy spells _____ Headache _____ Neck injury _____

Chest pain _____ Absence of Testicle _____

Breathing problems _____ Gastrointestinal _____

Genitourinary _____ Seizure _____

Musculoskeletal (include any past fractures, etc.) _____

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

Require medication at school? Yes No

If "yes", please describe: _____

Please list any additional concerns or information: _____

List any significant medical concerns in family:

Mother _____ Father _____

Siblings _____ Grandparents _____

Other _____

Home Environment

Do any family members smoke in the home? Yes No

Do you have pets? Yes No : Specifically (birds, dogs, cats) _____

Any additional concerns or pertinent information?

Parent Name : _____ Date: _____

School: LONGWOOD MIDDLE SCHOOL CEW CORAM RIDGE WMI