

Our Savior's Lutheran School

Health History for _____ **Grade** _____

All information contained herein is to be completed by the parents or guardian. All information contained herein is considered confidential and will be filed in the Health Office. It will be used only for the purpose of evaluating your child's health status.

1. Has your child had any of the following:

Chicken Pox	Y	N	Diabetes	Y	N
Scarlet Fever	Y	N	Kidney/Bladder Disease	Y	N
Tuberculosis	Y	N	Heart Disease/Heart Murmur	Y	N
Tuberculosis Contact	Y	N	Epilepsy/Seizures	Y	N
Pneumonia	Y	N	Anemia/Bleeding Disorders	Y	N
Hepatitis	Y	N	Cancer	Y	N
Mononucleosis	Y	N	Sickle Cell Anemia	Y	N
Rheumatic Fever	Y	N	Elevated Blood Pressure	Y	N
Arthritis	Y	N	Head Injury/Concussion	Y	N
Skin Disorders	Y	N	Frequent Ear infections	Y	N
Speech Problem	Y	N	Asthma	Y	N
Problem Headaches	Y	N	Ulcers/Abdominal Pain/Reflux	Y	N
Constipation/Diarrhea	Y	N	Serious Injury	Y	N
Hospitalization/Surgery	Y	N	Other Medical Illness	Y	N

Please explain any "yes" answers:

2. Does your child have any eye or vision problems? Does he/she wear glasses or contacts? If so, please explain.

3. Does your child have any hearing problems or require hearing aids? If so, please explain

4. Does your child take any medications including inhalers? If so, please provide names and dosages of medications.

5. Does your child have any allergies to food, latex, medications or stinging insects? If so, please explain

6. Does your child have any physical limitations? If so, please explain.

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Parent/Guardian: _____

Date _____