Rush Henrietta Central School District

STUDENT HEALTH HISTORY FORM

To be completed by parent or guardian and returned to the School Health Office

Child's Name _____ Birthdate __/__/__ Gender: ☐/☐

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Born in U.S.? Yes / No (if no, where?) _____ Date of last physical exam _____

Health History (check all that apply and explain below)

☐ADD/ADHD
☐Anemia
☐Arthritis
☐Asthma/trouble breathing
☐Autism/Asperger's/etc.
☐Bleeding Disorder
☐Cancer
☐Vision Deficit
☐Wears Glasses ☐Contacts
☐Color Vision Deficiency

☐Chicken Pox
☐Dental Injuries
☐Diabetes
☐Ear Infections
☐Gastrointestinal Condition (ulcer, reflux, IBS)
☐Headaches/Migraines

☐Heart Condition
☐Hernia Repair
☐Hypertension
☐Behavioral/Mental Health (depression, eating disorder, anxiety, OCD, ODD, Etc.)
☐Orthopedic Condition
☐Hearing Deficit
☐Hearing Aid ☐Cochlear Implant
☐Other _____

☐Scoliosis
☐Seizure Disorder
☐Single Organ
☐Skin Condition
☐Speech Condition
☐Urinary/Kidney Problem

☐Allergies (specify type of allergy; environmental, food, insects, latex, medication and previous reactions)

_____

_____

Is any emergency medication required? _____

☐Congenital Condition

☐Concussion with or without loss of consciousness (list dates injuries occurred)

_____

Please list any hospitalizations or surgeries:

_____

_____

_____

Please list any injuries requiring medical care:

_____

_____

_____

Does your child receive treatments or use assistive equipment during or outside the school day?

☐ Insulin/blood glucose monitoring ☐ Inhaler/nebulizer/peak flow monitoring ☐ Special diet

☐ Crutches ☐ Walker ☐ Wheelchair ☐ Other

Does your child take medication either at home or at school?
(list name, dose, and time(s) of administration)

_____

_____

_____

Is there any condition that would prevent your child from participating in physical education or sports?

☐ No ☐ Yes

Has your child recently traveled outside of the country? ☐ No ☐ Yes

If so, when and where and for how long did they stay? _____

Additional Information:

_____

_____

_____

Completed by:_____ Date: _____