# Rush Henrietta Central School District

## STUDENT HEALTH HISTORY FORM

To be completed by parent or guardian.

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 _____

Traveled outside the U.S. in the last six (6) months? ◯Yes ◯No (if yes, where?) _____

### Health History (check all that apply and explain below)

- ☐ADD/ADHD
- ☐Anemia
- ☐Arthritis
- ☐Asthma/trouble breathing
- ☐Autism/Asperger's/etc.
- ☐Bleeding Disorder
- ☐Cancer
- ☐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
- ☐Scoliosis
- ☐Seizure Disorder
- ☐Single Organ
- ☐Skin Condition
- ☐Speech Condition
- ☐Urinary/Kidney Problem
- ☐Vision Deficit
  - ☐Wears Glasses ☐Contacts
- ☐Color Vision Deficiency
- ☐Hearing Deficit
  - ☐Hearing Aid ☐Cochlear Implant
- ☐Other _____
- ☐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:

_____

_____

_____

Parent/Guardian Signature:_____ Date: _____

**By signing your name electronically, you are agreeing that your electronic signature is the legal equivalent of your manual signature on this form.**