

ANNUAL HEALTH HISTORY
RETURN TO IN A SEPARATE ENVELOPE "ATTENTION SCHOOL NURSE"

STUDENT _____ DOB _____ GRADE _____

1. Allergies or allergic reactions including eczema or anaphylaxis (please explain) _____

2. Is the student under a physician's care? _____ If yes, for what condition? _____

Who is the physician? _____

3. Is there any history of asthma / wheezing / reactive airway disease? (please explain) _____

4. Is there a medical history of neurological disease, seizure disorder, heart disease, hearing loss? _____
If yes, please explain on back of form.

5. Note unusual frequency of upper respiratory conditions:

_____ Strep throat _____ Sinusitis _____ Colds _____ Earaches _____ Other

6. Is there a history of major injury, concussion, surgery and hospitalization? _____
If yes, please explain on back of form.

7. Eating habits: vegetarian _____ unusual habits _____ special needs _____ allergies. Please circle and explain.

_____ Glasses _____ Contacts _____ Reading _____ Distance

8. Unusual sleeping patterns or problems? If yes, please explain on the back of the form.

9. Does your child have any restrictions or limitations? If yes, please explain: _____

10. Please list all medications your child is taking. Include purpose and type of administration. _____

HIGHLIGHTED ITEMS MUST BE DISCUSSED WITH THE NURSE

I give permission for the release of information on numbers: _____ or all _____ on this form for confidential use in meetings regarding my child's health and educational needs at Newgrange.

I desire a conference with the Nurse: _____ Yes _____ No

Parent/Guardian Signature

Date

Nurse Signature

Date

