



Health Services
115 S. Ludlow Street
Dayton, OH 45402

Health History Information

Student's Name _____ Date of birth _____ Gender _____
Last First Middle

Parent/Guardian(s): _____ Relationship _____

Student's Doctor: _____ Insurance or HMO _____

Siblings:

Full name _____ DOB _____

Full name _____ DOB _____

Full name _____ DOB _____

Prenatal and developmental history:

Age of mother at birth _____ Length of pregnancy _____

Any complications? Explain: _____

Any early sickness? Explain: _____

Development compared to other children, such as siblings or playmates:

_____ about the same _____ slower _____ faster

Child is usually _____ very active _____ normally active _____ rather inactive

Allergies: _____

Medications:

Type _____ Dose _____

Type _____ Dose _____

Type _____ Dose _____

Hospitalizations/Surgeries? Give cause and date(s):

Injury/Illness/Surgery _____ Age of child _____ Hospital _____

Health History Information (cont.)

Health Conditions:

- | | | |
|---|---|--|
| <input type="checkbox"/> eye or vision problems | <input type="checkbox"/> asthma | <input type="checkbox"/> suicide attempt |
| <input type="checkbox"/> hearing problems | <input type="checkbox"/> wheezing | <input type="checkbox"/> cancer, type _____ |
| <input type="checkbox"/> speech problems | <input type="checkbox"/> breathing difficulties | <input type="checkbox"/> cystic fibrosis |
| <input type="checkbox"/> speech therapy | <input type="checkbox"/> respiratory infections | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> attention concerns | <input type="checkbox"/> ear infections (3 or more) | <input type="checkbox"/> seizures |
| <input type="checkbox"/> ADHD or ADD | <input type="checkbox"/> sore throat | <input type="checkbox"/> tuberculosis or exposure |
|
 | | |
| <input type="checkbox"/> blood related diseases | <input type="checkbox"/> stomach aches | <input type="checkbox"/> scarlet fever |
| <input type="checkbox"/> anemia | <input type="checkbox"/> urinary tract infections | <input type="checkbox"/> rheumatic fever |
| <input type="checkbox"/> hepatitis | <input type="checkbox"/> kidney disease, type _____ | <input type="checkbox"/> heart murmur, type _____ |
| <input type="checkbox"/> HIV-positive | <input type="checkbox"/> chronic diarrhea | <input type="checkbox"/> heart ailment, type _____ |
| <input type="checkbox"/> AIDS | <input type="checkbox"/> chronic constipation | <input type="checkbox"/> meningitis or encephalitis |
|
 | | |
| <input type="checkbox"/> chicken pox | <input type="checkbox"/> bedwetting at night | <input type="checkbox"/> pneumonia |
| <input type="checkbox"/> diphtheria | <input type="checkbox"/> urinary wetting (daytime) | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> measles, rubeola | <input type="checkbox"/> stool soiling | <input type="checkbox"/> sickle cell disease |
| <input type="checkbox"/> measles, rubella | <input type="checkbox"/> abnormal spinal curvatures | <input type="checkbox"/> smallpox |
| <input type="checkbox"/> mumps | <input type="checkbox"/> arthritis | <input type="checkbox"/> spinal bifida |
| <input type="checkbox"/> poliomyelitis | <input type="checkbox"/> birth or congenital malformation
(type) _____ | |
|
 | | |
| <input type="checkbox"/> whooping cough | <input type="checkbox"/> broken bones | <input type="checkbox"/> emotional concerns |
| <input type="checkbox"/> headaches | <input type="checkbox"/> sprains/strains | <input type="checkbox"/> behavior concerns |
| <input type="checkbox"/> migraines | <input type="checkbox"/> near-drowning/suffocation | <input type="checkbox"/> concern about relationships |
| <input type="checkbox"/> twitches or tics | <input type="checkbox"/> poisoning | <input type="checkbox"/> tobacco, alcohol, drug use |
| <input type="checkbox"/> allergies | <input type="checkbox"/> eczema | <input type="checkbox"/> recovery programs |
| <input type="checkbox"/> other: _____ | | |
| _____ | | |
| _____ | | |

Do you have other comments or concerns about your child's health, development, behavior, family or home life that you would like the school to be aware of? If yes, explain:
