CENTRAL VALLEY SCHOOL DISTRICT

Student Health History

Student's Name: _____

Gender: ☐ Male ☐ Female Birth Date: _____

Grade Level: K 1 2 3 4 5 6 7 8 9 10 11 12

School: ☐ Center Grange ☐ Todd Lane ☐ CV Middle School ☐ CV High School

A complete health and emotional history enables us to understand your child better. Please check if your child has/ has had any of the following conditions:

_____Appetite problems
_____Arthritis
_____Asthma
_____Anemia
_____ADD/ADHD
_____Autism/PDD/Aspergers
_____Bowel problems
_____Cancer
_____Celiac
_____Chicken pox
_____Chronic bronchitis
_____Colds (frequent)
_____Color deficiency
_____Constipation
_____Convulsions
_____Convulsions/high fever
_____Coordination problems
_____Cross eyes
_____Curvature of spine
_____Cystic fibrosis
_____Dental problems
_____Diabetes
_____Diarrhea (frequent)
_____Difficulty hearing
_____Ear infections (frequent)
_____Eczema
_____Encephalitis
_____Enuresis (bed wetting)
_____Epilepsy
_____Fainting spells
_____Food Allergies
_____Headaches (frequent)
_____Hearing problems
_____Heart problems
_____Heart disease
_____Heart murmur
_____Hepatitis
_____Hernia
_____High blood pressure
_____Kidney disease
_____Leukemia
_____Liver problems
_____Measles
_____Meningitis
_____Nosebleeds (frequent)
_____OCD
_____Physical handicap
_____Pneumonia
_____Poliomyelitis
_____Rheumatic fever
_____Scarlet fever
_____Sinusitis
_____Skin problems
_____Skin rashes
_____Sore throat (frequent)
_____Speech difficulty
_____Stomach problems
_____Tires easily
_____Tonsillitis
_____Tuberculosis
_____Urination (frequent)
_____Vision problems
_____Whooping cough
_____Yellow jaundice
_____Other

CENTRAL VALLEY SCHOOL DISTRICT

1. List your child's allergies:
   Allergy _____

   Describe the allergic reaction _____

   Is medication needed? _____ Name of medication _____

   Allergy _____

   Describe the allergic reaction _____

   Is medication needed? _____ Name of medication _____

   Other allergies _____
2. Other health problem(s _____
3. Please list any injuries, operations, or hospitalizations (list dates) _____

   _____
4. Is your child currently undergoing medical treatment? _____ Reason _____
5. If physical activity is to be limited, please explain _____
6. List any physical handicap, or problem which the nurse should know _____

   _____
7. Does your child wear glasses? _____ Are they needed for constant wear? _____
8. Birth: ☐ Normal term ☐ Premature ☐ RH baby
9. Was there any other health problems or disabilities present at birth? _____

   If yes, please explain _____
10. Is your child on any medication regularly? _____ Is medication to be given at school? _____

    Name of medication _____ Dosage _____

    Name of medication _____ Dosage _____
11. Name of Physician _____ Phone _____
12. Name of Dentist _____ Phone _____

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Social History

Circle any of the following items, which concern you about your child.

1. Bedwetting
2. Wetting during the day
3. Thumbsucking
4. Stammering or stuttering
5. Highstrung or easily upset
6. Too restless
7. Shy
8. Sad or sulky
9. Feeling easily hurt
10. Wanting too much attention
11. Wanting too much comfort or support from parent
12. Day dreams
13. Nightmares
14 Temper tantrums
15 Contrary or Stubborn
16. Disobedient
17. Lying
18. Selfish in sharing
19. Jealous of brothers or sisters
20. Fighting with other children
21. Purposely destroys things
22. Feeding
23. Bowels
24. Any other problems not mentioned?
    What? _____

Please note if family situations are of a concern (i.e., divorce) _____

Additional Information

Did your child attend Pre-school? _____ Name of Pre-school _____

Please check any of the following services that your child has received to date and note where the services were received:

☐ None
☐ Emotional Support
☐ Learning Support
☐ Language/Speech
☐ Physical Therapy
☐ Occupational Therapy
☐ Adaptive Physical Education
☐ Early Intervention
☐ Lifesteps
☐ D.T. Watson
☐ New Horizon
☐ Other special programs _____

Does your child have **Medical Health Care Insurance?**

☐ Yes ☐ No – Please provide additional information about health care insurance for children

A record of immunizations must be presented before any child starts school.
All students should be toilet trained to attend Kindergarten.

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