



Health History Update

Please complete and return to the school nurse or office. Thank you.

Ohio State Law requires that a Health History form be on file for every student.

Student's Name	Date of Birth	Grade/Homeroom
Doctor's Name	Phone Number	Last checkup or visit
Dentist's Name	Phone Number	Last checkup or visit

Has your child ever had any of the following problems? (Please circle Yes or No)

Allergies/Hay fever	YES	NO	Frequent Headaches	YES	NO
Anemia or Other Blood Problems	YES	NO	Frequent Stomachaches	YES	NO
Anaphylactic Reaction – cause? _____	YES	NO	Hearing or Speech Problems	YES	NO
Asthma or Wheezing	YES	NO	Heart Disease – type _____	YES	NO
Behavior, Developmental Problems or Hyperactivity	YES	NO	High/Low Blood Pressure	YES	NO
Cancer – type _____	YES	NO	Kidney Disease – type _____	YES	NO
Chronic Diarrhea or Constipation	YES	NO	Learning or School problems	YES	NO
Chronic Ear Infections	YES	NO	Prematurity or Birth Weight under 5 lbs	YES	NO
Depression	YES	NO	Seizure Disorder/Epilepsy/Tics	YES	NO
Diabetes	YES	NO	Sickle Cell Disease	YES	NO
Drugs or Alcohol Used During Pregnancy	YES	NO	Sleep Problems	YES	NO
Eczema/Chronic Skin Conditions	YES	NO	Toothaches/Dental Problems	YES	NO
Emotional/Psychological Problems	YES	NO	Problems with Vision or Wears Glasses	YES	NO

Please list any **CURRENT** health problems or conditions your child has (may be same as above): _____

Please list any allergies (include **food, medications**, environmental, seasonal, etc.): _____

Does your child see a specialist? If yes, please list condition, doctor's name, and phone number: _____

Please list any medications (prescribed or over-the-counter) your child takes **at home** on a daily or as-needed basis (such as medication for ADHD, allergies, asthma, or headaches): _____

SPECIAL NOTE:

If your child needs to take any medications at school, including emergency medications (like an inhaler or Epi Pen), you must complete a CPS Administration of Medication form.

List any of your child's health concerns that you would like to discuss with the school nurse: _____