CORINTH CENTRAL SCHOOL
Health History

Date _____

NAME _____ **DOB** _____ **Sex**_____ **Gr.** _____

**** Please date the following illnesses/conditions if applicable to your child.**

_____ ADD/ADHD If yes, medication _____

_____ Allergies: Food _____ Insects _____ Environmental _____

Medications _____

_____ Anemia

_____ Asthma ___Mild ___ Severe Preventative Meds? _____

Rescue/Emergency Needs? _____

_____ Blood/Bleeding Disorder

_____ Chicken Pox Disease _____ Vaccine _____ Serology/Lab Work _____

_____ Concussion / Head Injury? Explain _____

_____

_____ Convulsions/Seizures/Epilepsy

Type ? _____ Frequency ? _____ Medication? _____

_____ Counseling/Mental Health

_____ Dental Fillings _____ Caps _____ Regular Cleanings _____

_____ Diabetes Low Blood Sugar _____

_____ Ear Infections Frequency? _____ Tubes? _____ Date _____

_____ Eczema/Skin Conditions Scars/Birthmarks _____

Explain _____

_____ GI Disorder? Reflux _____ Constipation _____ Irritable bowel _____

_____ Hearing Loss

_____ Heart Murmur/Disease/Defect Cardiology Eval.? _____

Explain _____

_____ Hepatitis Type _____

_____ Immunizations – Provide Current Copy of Record

_____ Kidney/Urinary Defects Urology Eval? _____ Toilet Trained? _____

_____ Lead level concerns

_____ Lyme disease? Date _____ treatment _____

_____ Mononucleosis

_____ Mumps _____ Measles

_____ Neurological Disorder

_____ Orthopedic Problems

Fracture(s) _____ Where _____ When _____

_____ Pneumonia

_____ Scoliosis

_____ Serious Illness/Injury Hospitalization _____

_____ Speech Defect Therapy?_____

_____ Strept Throat _____ Scarlet Fever _____ Rheumatic Fever

_____ Surgical History _____

_____ Tuberculosis TB Test _____ Exposure _____

_____ Vision Defect Correction (glasses) _____ Date _____

Date of last exam _____

_____ Whooping Cough

_____ Other _____

Family Physician: _____

Does the student have Health Insurance: _____ Yes _____ No

Parent Signature: _____

Legal requirements for immunization waived because of:

A. Parent's Religion

B. Physician's Certificate

Please list any other information and/or concerns that you would like to share with us.

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