PUBLIC HEALTH HISTORY

_____ _____ _____ _____ ____ M☐ F☐

Student's Last Name First Middle Birthdate Grade

Doctor: _____ Phone # _____ Dentist: _____ Phone # _____

HEALTH INFORMATION ABOUT YOUR CHILD

➡➡ ☐ NO KNOWN HEALTH PROBLEMS

>>>>>>>>>>>>>>>> Check only those that apply and return to school health office <<<<<<<<<<<<<<<<

☐ ADHD: Requires medication? Yes ☐ No ☐ Name of medication _____
Given at school? Yes ☐ No ☐ MD's name/phone _____

☐ Asthma: Requires medication/inhaler? Yes ☐ No ☐ Daily? ☐ As Needed? ☐ With exercise? ☐
Name of medication _____ Given at school? Yes ☐ No ☐

☐ *Allergic reactions: (severe) To what? _____ Hives/rash? Yes ☐ No ☐
Breathing difficulty? Yes ☐ No ☐ Has epipen? Yes ☐ No ☐
MD's Name/Phone: _____

☐ Clinical Depression: Requires medication? Yes ☐ No ☐ Name of medication? _____
Given at school? Yes ☐ No ☐ MD's name/phone: _____

☐ *Diabetes: Type I ☐ Type II ☐ Medications? Oral ☐ Injection ☐ Given at school? Yes ☐ No ☐ Pump? ☐
Name of medication _____ MD's name/phone: _____

☐ Ear Problems: Frequent infections? Past ☐ Present ☐ Permanent hearing loss? ☐ Date of last exam? _____
Hearing aid? Left ☐ Right ☐ Both ☐ MD's name/phone: _____

☐ *Seizure Disorder: Date of last seizure _____ Requires medication? Yes ☐ No ☐
Name of medication _____ MD's name/phone: _____

☐ Heart problems: Diagnosis: _____ MD's name/phone: _____
Medications? Yes ☐ No ☐ At Home? ☐ At School? ☐ Physical restrictions? Yes ☐ No ☐

☐ Hospitalization: Explain: _____

☐ Orthopedic conditions: Corrective shoes/braces? ☐ Crutches? ☐ Wheelchair? ☐ Physical therapy? ☐
CCS? ☐ Other physical limitations? _____

☐ PTSD: Requires medication? Yes ☐ No ☐ Name of medication _____
Given at school? Yes ☐ No ☐ MD's name/phone: _____

☐ Vision problems: Wears glasses? ☐ Contacts? ☐ Reading only? ☐ All the time? ☐ Date of last exam: _____

☐ Taking medication for other reasons: For what condition? _____
Name of medication _____ Dose & frequency _____
Given at school? Yes ☐ No ☐ MD's name/phone: _____

Please list other important health or behavior information: _____

Calif. Ed. Code 49423 - Students taking medication at school need an "Authorization for Medication" form completed annually. This form must be on file with the school before medication can be given.

* These conditions require a Health Care Plan. Note: Any of the above conditions may require a Health Care Plan. All forms can be obtained from the School Health Office.

* Parent Signature: _____ Date: _____