St. Nicholas School Health History

Student Name _____ Date of Birth_____

MEDICAL HISTORY

Has your child ever had the following?

____ Measles	___ Pneumonia	___Whooping Cough
____ Rubella	___ Meningitis	___ Diphtheria
____ Mumps	___ Scarlet Fever	___ Polio
____ Fracture of any bones	___ Severe Head Injury	___ Rheumatic Fever
____ High Fevers	___ Frequent Strep	___ Frequent Ear Infections
____ Chicken Pox (When)	___ Throat Infections	___ Tubes R___ L___
____ Skin Rashes, etc.		

Does your child have or has your child had the following?

____Asthma	___Hay Fever/Allergies	___Known Scoliosis
____ Frequent Ear Infections	___Hearing Problems	___Tics/Nervous Twitches
____ Heart Disorder	___ Seizures	___ Medicine_____
____ Frequent Cold/Sinus Infections	___ Convulsions	___ Allergies to: Food_____
____ Diabetes	___ Kidney Disorder	___ Autism Spectrum Disorder
____Bladder Disorder/Bed Wetting	___ Visual Problems (Corrected by glasses or surgery)	
____ ADD/ADHD	___ Aspergers	

Please be specific about allergies:_____

_____

Were there any complications during any surgeries? ___ Yes ___ No

Comments: _____

_____

_____

Is your child given any medication? Is it given daily? What is it for? _____

_____

_____

Does your child wear glasses? _____ Contact Lenses? _____

Are there comments or concerns about your child's health, development, behavior or family/home life you would like to share with the school? If so, please explain_____

_____

Is your child: _____ very active _____normally active _____inactive

Date of last physical exam: _____ Date of Last Dental Exam:_____

Effective Fall 2010, Ohio Law now requires that every Kindergarten or first grade student entering school ***MUST*** have 2 varicella/chicken pox as well as the other required immunizations (5 DPT and booster, 4 Polio, 3 Hep, and 2 MMR) by day 14 of school or they cannot attend until up-to-date. Grades 2-6 students need only 1 varicella. Grade 7 students need Tdap ot Td booster.

Parent/Guardian Signature:_____ Date:_____