

Health History Update

Part B. To be completed by Parents As we begin the new school year it is time for me to update our students health files. If you child has a special problem that the school should be aware of, please let us know as soon as possible so I can include it in their health record and make any appropriate arrangements to make their year go more smoothly.

Since the last school year has this student:

	Yes	No
1. -been diagnosed this asthma?	_____	_____
2. – developed any allergies to food, insects, medicine, or environmental substances?	_____	_____
3. –started taking any medication on a regular basis?	_____	_____
4. _had an illness or injury that caused a loss of school for 1 week or more?	_____	_____
5. – had a concussion or seizure?	_____	_____
6. –been diagnosed with diabetes, high blood pressure or hyper lipidemia?	_____	_____
7. –bruise easily, or have frequent nosebleeds?	_____	_____
8. –experienced chest pain, unusual shortness of breath, dizziness, loss of consciousness or palpitations with exercise?	_____	_____

Any other pertinent changes in their health or social situation? Examples of information that might be pertinent are given below:

1. Chickenpox over the summer
2. Fractures
3. Head Injuries
4. Hospitalizations
5. Death of a loved one
6. Glasses

If you answered yes to any of the above, please explain. _____

Parent/Guardian
Signature _____ Date _____