

**Monticello Central School District
STUDENT HEALTH HISTORY**

Name (print): _____ Age: _____ Grade: _____

Date of Birth: _____ Sex (circle): Male Female School: _____

Phone #'s: Home: _____ Parent Work: _____ Emergency: _____

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YES NO

- ___ ___ 1. Has anyone in the student's family (grandmother, mother, father, brother, sister, aunt, uncle, etc.) died suddenly before the age of 50 years? _____
- ___ ___ 2. Has the student ever passed out during exercise or stopped exercising because of dizziness? _____
- ___ ___ 3. Does the student have asthma, **diagnosed by a physician**? _____
- ___ ___ 4. Has the student ever broken a bone, had to wear a cast or had an injury to any joint?
Explain: _____
- ___ ___ 5. Does the student have a history of a concussion (getting knocked out)? When? _____
- ___ ___ 6. Has the student ever suffered a heat-related illness (heat stroke)? When? _____
- ___ ___ 7. Do you have anything you would like to discuss with the school nurse? _____
- ___ ___ 8. Does the student have a chronic illness or see a physician regularly for any particular issue? Explain: _____
- ___ ___ 9. Does the student take any medicine? If so, what? _____
- ___ ___ 10. Is the student allergic to any medications, bee stings or foods, **diagnosed by a physician**?
Explain: _____
- ___ ___ 11. Does the student have only one of any paired organ? (eyes, ears, kidneys, testicles, etc.)

- ___ ___ 12. Has the student missed five consecutive days of activity due to illness/injury?
Explain: _____
- ___ ___ 13. Does the student wear contact lenses/glasses? Explain vision problem if any? _____

- ___ ___ 14. Has the student ever been hospitalized/surgery? If so, when and why? _____

- ___ ___ 15. Does the student live with anyone that is immunosuppressed or suffering from a chronic illness? Explain: _____

MY SIGNATURE INDICATES PERMISSION FOR THE SCHOOL NURSE TO SHARE THIS INFORMATION, ON AS "AS NEEDED" BASIS WITH SCHOOL STAFF

Parent/Guardian Signature

Date