Springboro Community City Schools ● School and Adolescent Health

HEALTH HISTORY

Student's Name	Sex ☐ Male ☐ Female	Date of Birth / /

Family Health History – Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers & Sisters

Birth and Developmental History ☐ No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy ☐ Yes ☐ No

Was the infant born full term ☐ Yes ☐ No Did the infant have any sickness or problems ☐ Yes ☐ No

Briefly explain illness or problems

How does the child's development compare to other children, such as his or her brothers/sisters or playmates

☐ About the same ☐ Delayed ☐ Advanced

Student Health Conditions

☐ **Yes,** my child receives regular medical/health care for the following conditions ☐ **No** Medical Conditions

☐ Allergies	☐ Diabetes	☐ Seizure disorder
☐ Asthma	☐ Depression	☐ Sickle cell anemia
☐ ADD/ADHD	☐ Ear problems/hearing difficulty	
☐ Autism	☐ Emotional concerns	☐ Speech problems
☐ Behavior concerns	☐ Headaches	☐ Traumatic brain injury
☐ Birth/congenital malformations	☐ Heart problems	☐ Vision problems(glasses, contacts)
☐ Bone/muscle/joint problems	☐ Hemophilia	☐ Other_______________
☐ Blood problems	☐ Juvenile arthritis	☐ Other_______________
☐ Bowel/bladder problems	☐ Lead poisoning	☐ Other_______________
☐ Cancer	☐ Migraines	☐ Other_______________
☐ Cystic fibrosis	☐ Neuromuscular disorder	☐ Other_______________

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
☐ Bee/Insect		
☐ Food		
☐ Medication		
☐ Other		

Please list any prescription and over-the-counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health or medical conditions require school restrictions, modifications, and/or intervention?

☐ Yes ☐ No If yes, please explain

Does the student require any special procedures and/or treatments for their health condition(s)? ☐ Yes ☐ No
If yes, please explain

Please indicate any other information about your child's health or development that you think would be helpful for the school to know

Form completed by	Relationship to student	Date / /