

SAINT AGNES S C H O O L

Dear Parent:

We would like for your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history. Please complete this form and return it to the school office. Thank you.

Child's Name _____

Date of Birth _____

This form is required annually for all students.

Please check the information and add or delete any pertinent information.

Accidents:

- Serious head injury _____
- Loss of consciousness _____
- Other (specify) _____

- Limitation of Movement _____
- Braces/adaptive equip _____
- Poor Coordination _____
- Other _____

Eye Difficulties:

- Lazy Eye _____
- Glasses/Contact lenses _____
- Other _____

Premature Birth? Yes No

Birth Defects (specify): _____

Ear/Throat Problems:

- Ear infections _____
- Tubes _____
- Throat Infections _____
- Other _____

Operations (specify): _____

Illness with a high fever (103+): _____
 Seizures _____
 Staring Spells _____
 Other _____

Heart Problems:

- Heart murmurs _____
- Congenital heart disease _____
- Rapid heartbeat _____
- Other _____

Allergies* (specify to what and type of reaction):

Respiratory Difficulties:

- Asthma _____
- Bronchitis/Pneumonia _____
- Cystic Fibrosis _____
- Other _____

Currently/regularly taking medication:
Name _____
Reason _____

Kidney/Bladder Disease:

- Kidney disease _____
- Bladder Infections _____
- Enuresis (bed wetting) _____
- Encopresis (fecal soiling) _____
- Constipation _____
- Undescended/one testicle _____

Skin Conditions (specify): _____

Tuberculosis TB contact _____
Anemia _____ Mono _____
Diabetes _____ Hepatitis _____
Thyroid disease _____ Speech _____
Emotional Problems _____
Special Educational Needs _____
Medical Exams by a specialist _____

Musculoskeletal/Orthopedic Problems:

- Joint pain/swelling _____

Parent's Signature _____
Date _____

* If your child has any allergies, please provide documentation from your doctor.