

WEST GEAUGA LOCAL SCHOOL DISTRICT

8615 Cedar Road
Chesterland, OH 44026

HEALTH HISTORY FORM

Fax Numbers:

High School – 440-729-5959 / Middle School – 440-729-5909 / Lindsey – 440-729-5989 / Westwood - 440-729-5924

Student's Name: _____ Date of Birth: _____

Male Female Grade Entering at Enrollment _____

HEALTH CONDITIONS - Please check any that this student has had:

Abnormal Spinal Curvature (scoliosis, etc.)	Diabetes	Rheumatic Fever
Anemia	Eczema	Scarlet fever
Arthritis	Emotional Problems	Seizures/epilepsy
Asthma: Is an inhaler required? Yes No	Genetic Disorder	Sickle cell disease
Birth or congenital malformation	Headaches (frequent)	Skin rashes (Diagnosed)
Chronic Diarrhea	Heart Disease	Throat infections (frequent)
Cancer (Type):	Hepatitis (Type):	Tics/nervous twitches
Chicken pox	Kidney disease	Urinary tract infections
Cystic Fibrosis	Meningitis or Encephalitis	Wetting (daytime)

Please comment, as you feel necessary, on any of the above.

ALLERGIES:

<u>Medication and/or Food/Other</u>	<u>Reaction</u>	<u>Treatment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

VISION

Vision problems / eye condition? Yes No Diagnosis: _____

Wears glasses/contacts/patching of eye? Yes No Reason: _____

HEARING

Loss or Reduction in hearing? Yes No

Date Diagnosed? _____ P.E. Tubes in place? Yes No

Frequent ear infections? Yes No If yes, which ear? L R

How often? _____

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INJURIES AND ILLNESSES - Please list any severe injuries or illnesses:

Injuries/Illnesses/Surgeries

Child's Age

Hospitalized

Yes No

Yes No

Yes No

Yes No

Comments: _____

ADDITIONAL INFORMATION

List any medication(s) taken daily and the reason:

Medication

Dosage

Reason

PLEASE NOTE: If your child requires any over-the-counter or prescription medication while at school, Medication Management form(s) must be completed by the parent and Doctor.

Date of Last Physical Exam _____ Date of Last Dental Exam _____

This child is usually: very active normally active inactive

Do you have any concern about how your child gets along with others and/or siblings? Yes No

If Yes, please explain

Do you have other comments or concerns about this student's health, development, behavior, family or home life that you would like to share with the school? (continue on back if needed.)

Medical information important for the safety of your child or others, as determined by the school nurse, will be shared with pertinent staff in a confidential manner unless the school is notified in writing. Should there be changes in the student's health status the parent/guardian should notify the school in writing.

Completed by _____ Relationship to Child _____ Date _____