



Bristol-Burlington Health District

SCHOOL HEALTH SERVICES

Health History

This form is to be completed by the child's parent/legal guardian.

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_
STUDENT'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ DOB: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_
NAMES OF PARENTS/LEGAL GUARDIANS CELLPHONE /WORK NUMBERS
Cellphone # Work #
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The child lives with: \_\_\_\_\_ Phone number: \_\_\_\_\_
After school care provider: \_\_\_\_\_ Phone number: \_\_\_\_\_
The child attended Preschool: Yes \_\_\_ No \_\_\_ Name of Preschool: \_\_\_\_\_
List of previous schools: \_\_\_\_\_

STUDENT'S FAMILY HISTORY: (If living, state name and present health condition. If deceased, please list cause of death).

Student's Father: \_\_\_\_\_
Student's Mother: \_\_\_\_\_
Student's Brothers: \_\_\_\_\_
Student's Sisters: \_\_\_\_\_

RECORD OF ILLNESS: (Check the disease/condition that pertains to your child. Please list date and/or age).

Anemia \_\_\_\_\_ Bleeding Disorder \_\_\_\_\_ Diabetes \_\_\_\_\_
Heart Disease \_\_\_\_\_ Asthma \_\_\_\_\_ Pneumonia \_\_\_\_\_
Rheumatic Fever \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Tuberculosis \_\_\_\_\_
Chronic Ear Infections \_\_\_\_\_ Strep Throat \_\_\_\_\_ Other Resp. Illness \_\_\_\_\_
Kidney Disease \_\_\_\_\_ Meningitis \_\_\_\_\_ Chickenpox \_\_\_\_\_
Hernia \_\_\_\_\_ Food Allergy \_\_\_\_\_ Environmental Allergy \_\_\_\_\_
Latex Allergy \_\_\_\_\_ Bee Sting Allergy \_\_\_\_\_ Lead Poisoning \_\_\_\_\_
Eczema \_\_\_\_\_ Lyme disease \_\_\_\_\_ Serious Injuries \_\_\_\_\_
Surgery \_\_\_\_\_ Frequent Nosebleeds \_\_\_\_\_ Headaches/Migraines \_\_\_\_\_
Seizures \_\_\_\_\_ Scabies \_\_\_\_\_
Other Illness/ Medical Condition: \_\_\_\_\_

PLEASE INDICATE YES/NO TO THE FOLLOWING:

Wears Glasses/Contacts (Circle one) \_\_\_\_\_ Use of Special Equipment (indicate Type): \_\_\_\_\_
Wears Hearing Aid: R \_\_\_ L \_\_\_ Both \_\_\_ Ear tubes: R \_\_\_ L \_\_\_ Both \_\_\_
Takes Medications daily (indicate names): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_
(Parent/Legal Guardian)

