



DARREN PATTERSON CHRISTIAN ACADEMY

2016-2017

Student Health History

Name (<i>Last, First, M.I.</i>):	<input type="checkbox"/> M <input type="checkbox"/> F	DOB:	
Student's Dentist:	Date of last exam:		
Student's Physician:	Date of last physical exam:		

PERSONAL HEALTH HISTORY

Asthma?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Bleeding/Nose Bleeds?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Bone/Joint Pain?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Concussion/Head Injury?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Diabetes/Insulin Injections?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Ear Problems/Aids?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eye/Vision Problems?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Headaches/Migraines?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Heart Problem?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hepatitis?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Frequent Infections: Ear, Strep or other?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Kidney Disease?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Lead Poisoning?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Measles?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Meningitis?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Rheumatic Fever/Scarlet Fever?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Seizures?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sickle Cell Anemia?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Stomach (ulcers/stomachaches)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Limits on Activity or Disability?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Does your child need special attention at school related to a health problem?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Surgeries

Year	Reason	Hospital

