



139 Modena Road  
Coatesville, PA 19320

### HEALTH HISTORY

Student's Name: \_\_\_\_\_  
Last First Middle Date of Birth

Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Medications (Name & Dose): \_\_\_\_\_

Does your child have any of the following conditions?

Allergy (Type): \_\_\_\_\_

Asthma: \_\_\_\_\_ Seizures: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Headaches: \_\_\_\_\_

Dental Problems (Explain): \_\_\_\_\_

Hearing Problems (Explain): \_\_\_\_\_

Eye Problems (Explain): \_\_\_\_\_

Wears Glasses: \_\_\_\_\_ Wears Contacts: \_\_\_\_\_

Hospitalizations/Operations (Reason/Date): \_\_\_\_\_

Has your child had any of the following illnesses:

- |                             |  |                       |
|-----------------------------|--|-----------------------|
| _____ Anemia                | _____ Skin Condition                   | _____ Mononucleosis   |
| _____ Arthritis             | _____ Sinus Problems                   | _____ Mumps           |
| _____ Blood Pressure Issues | _____ Urinary Tract Infections         | _____ Polio           |
| _____ Cancer or Tumors      | _____ Tuberculosis or Positive TB Test | _____ Pneumonia       |
| _____ Constipation          | _____ Chicken Pox (Date: _____)        | _____ Rheumatic Fever |
| _____ Diarrhea              | _____ Hepatitis (Type: _____)          | _____ Scarlet Fever   |
| _____ Eczema                | _____ Measles                          | _____ Strep Throat    |
| _____ Heart Disease         | _____ Meningitis                       | _____ Whooping Cough  |
| _____ Heart Murmur          |  |                       |

Describe: \_\_\_\_\_

Other Illnesses (Specify): \_\_\_\_\_

Emotional/Behavioral History (Note Special Problems/Age of Occurrence):

Anger: \_\_\_\_\_ Depression: \_\_\_\_\_

Eating Disorder: \_\_\_\_\_ Wetting/Soiling: \_\_\_\_\_

Other: \_\_\_\_\_

Is your child restricted in physical activities (Explain)? \_\_\_\_\_

Learning Disabilities (Explain): \_\_\_\_\_

Speech Difficulty (Explain): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Print Name: \_\_\_\_\_