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Student Health History 2016/2017 – For New Students

Student Full Name: _____ **Date of Birth:** _____ **Age:** _____

Is your student covered by family medical/hospital insurance? _____Yes _____No

If so, indicate carrier or plan name:_____ ID#:_____
If you have no health insurance, Massachusetts has health insurance plans that will provide uninsured students with affordable health care (restrictions may apply). Please contact the school nurse for more information about these programs. All communication will remain confidential.

Birth/ Developmental History
Full Term (over 37 weeks) _____ Pre Term (# of weeks gestation) _____
Early Intervention ☐ Yes ☐ No
Did your student have any significant developmental delays (crawling, walking, talking)? ☐ Yes ☐ No

Has your student had any- Please explain on the reverse side
Operations ☐ Yes ☐ No Serious Accidents ☐ Yes ☐ No
Fractured Bones ☐ Yes ☐ No Serious Head Injury ☐ Yes ☐ No
Hospitalizations ☐ Yes ☐ No

Please check all that apply:

☐ Allergies **(additional information listed on Emergency Contact Information Sheet)**

☐ ADHD/ADD	☐ Cardiac Condition	☐ Pervasive Development Disorder
☐ Arthritis	☐ Depression	☐ Skin Problems
☐ Asthma/Wheezing	☐ Diabetes Type I	☐ Stomach/Bowel Problems
☐ Autism Spectrum Disorder	☐ Diabetes Type II	☐ Scoliosis
☐ Blood Disorder	☐ Frequent Nose Bleeds	☐ Seizure Disorder
☐ Bone or Joint Disease	☐ Headaches ☐ Chronic ☐ Migraine	☐ Urinary Problems
☐ Cancer	☐ High Blood Pressure	☐ Weight Concerns (obesity, eating disorder)

☐ Vision (Explain) _____
☐ Hearing (Explain) _____
☐ Speech/Language (Explain) _____
☐ Other Physical Conditions (Explain) _____
☐ Other Behavioral/Emotional Conditions (Explain) _____

Limitations or Restrictions
List and explain any restrictions:

☐ Dietary _____
_____
☐ Activity _____
_____
☐ Other _____
_____

Parent/Guardian Signature:_____ Date:_____

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Student Full Name: **Date of Birth:** **Age:**

Please provide any additional information about your student's behavior, physical, emotional, and mental health about which the nurse should be aware of.