

Hardin County School District  
School Health

**Student Health History**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Please circle all of the following conditions that apply to the student and give a brief explanation in the space provided below.

- |                                    |  |
|------------------------------------|--|
| Allergy - Bee Sting *              | Heart Disease/Defect                                     |
| Allergy - Food (list below)        | Hemophilia   |
| Allergy - Medication ( list below) | Hyperactive  |
| Allergy - Pollon/Dust/Hayfever     | Kidney Disorder  |
| Allergy - Unknown                  | On Medication (explain below)                            |
| Anemia                             | Medication needed at school<br>(requires doctor's order) |
| Arthritis (rheumatoid)             | Migraines  |
| Asthma *                           | Muscular Dystrophy                                       |
| Birth Defect (chromosome disorder) | Osgood-Schlatter   |
| Blood Disorder                     | Activity Limitations<br>(requires doctor's note)         |
| Blood Recipient                    | Rheumatic Fever  |
| Cancer/Leukemia                    | Scoliosis  |
| Cerebral Palsey                    | Sickle Cell Anemia                                       |
| Color Blindness                    | Speech Problem   |
| Cystic Fibrosis                    | Tuberculosis   |
| Diabetes                           | Ulcer  |
| Eating Disorder                    | Vision (wears glasses/contacts)                          |
| Endocrine Disorder                 | Visually Handicapped                                     |
| Epilepsy/Seizures                  | Other (list below)                                       |
| Growth Disorder (explain)          |  |
| Hearing loss (which ear _____)     |  |
| Hearing Aid Use                    |  |

\* Requires Medication

Explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_