

HEALTH AND MEDICAL HISTORY BLOOMINGTON PUBLIC SCHOOLS

INSTRUCTIONS: This form is to be completed by parent/guardian and returned to the school nurse within five school days.

GENERAL INFORMATION		
Child's Name	Date	Grade
Address	Home Telephone	School Last Attended (City & State)
School	Birthdate	Male <input type="checkbox"/> Female <input type="checkbox"/>
Father's/Guardian's Name	Occupation	Place Employed
Mother's/Guardian's Name	Occupation	Place Employed
Family Physician	Emergency Contact (other than parent)	Phone Number

Child currently taking medication?	Yes	No	What & How often?
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(Note: a medication form must be completed before medicine can be given at school; these forms can be obtained from the nurse or school secretary.)

DISEASE HISTORY (Indicate if your child has had any of the following)								
Disease	Yes	Year	Disease	Yes	Year	Disease	Yes	Year
Chickenpox			Mumps			Rheumatic Fever		
German Measles (3-day)			Whooping Cough			Diabetes		
Measles			Scarlet Fever			Seizures		
Asthma*			Allergies*			Hepatitis		

**Please explain on back*

ADDITIONAL INFORMATION

Child wears glasses	Please circle	Yes	No	Date of last exam	Eye Doctor's Name
Child has hearing loss	Please circle	Yes	No	Tubes in ears	Please circle
				None	Left
				Right	
Ear Doctor's Name			Date of last ear exam		
Dentist's Name			Date of last dental exam		
Was dental work needed	Please circle	Yes	No		
Date of last physical exam			Child has had tonsillectomy		Please circle
		Yes	No		
Child has other surgery	Please circle	Yes	No	What	
				Year	
Child has had serious injury.	Please circle	Yes	No	What	
				Year	
Child has restrictions in physical education recommended by doctor					
		Please circle	Yes	No	
If yes, what?					
<i>*A dated, written note from family physician MUST be provided in order to be excused from PE</i>					

Any other information about your child's health that the school nurse should know

Parent/Guardian Signature	Date
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