

HEALTH HISTORY

Student's Name: _____ Grade: _____

Does this student have any of the following conditions or a history of these conditions? If the answer is yes, please explain as much as possible.

	NO	YES	EXPLANATION
Allergic Reaction (Please explain.)			
Asthma			
Attention Deficit Disorder/Hyperactivity			
Cancer			
Cerebral Palsy			
Cleft Palate and/or Cleft Lip			
Diabetes			
Emotional Concern			
Hearing Problem/Hearing Aides			
Heart Condition			
Kidney Problems			
Orthopedic (Bone) Condition or Deformity			
Seizures			
Speech Problems			
Stomach Problems			
Vision Problems/Glasses/Contacts			
History of Chicken Pox			Age

Parent/Guardian Signature

Date