HEALTH HISTORY FORM
HUDSON CITY SCHOOL DISTRICT

Student: ____ **DOB:** ________________ **Grade:** ________

THIS FORM MUST BE COMPLETED BY A PARENT/GUARDIAN AND RETURNED TO THE SCHOOL NURSE

Has your child ever had (please check the appropriate circle):

	YES	NO		YES	NO
Diabetes	O	O	Unusual Headaches	O	O
Asthma	O	O	Head Injury/Concussion	O	O
Anemia	O	O	Convulsions/Seizures	O	O
Fainting Spells	O	O	Nose Bleeds: Frequent or Severe	O	O
Arthritis	O	O	Bladder/Kidney Problem or Injury	O	O
Hay Fever or Allergies	O	O	Ankle or Knee Injury	O	O
Ear Problems/Hearing Loss	O	O	Neck Injury	O	O
High Blood Pressure	O	O	Eye Problems/Vision Loss	O	O
Injury to the Spleen	O	O	Stomach Ulcer	O	O
History of Lyme Disease	O	O	Wears glasses or contact lenses	O	O
Recent fracture or dislocation	O	O			
History of Rheumatic Fever	O	O	Memory Loss or Head Trauma	O	O
Joint Sprain or Ligament Tear	O	O	Capped teeth or braces	O	O
Back Pain/Injury	O	O	Heart problem, murmur, chest pain	O	O

List allergies (if any): ____

Family history of cardiac problems or heart attack under the age of 50 years old? O Yes O No

List Past fractures or dislocations (if any): ____

Does your child have any potentially life threatening health issues? If so, please explain: ______________________
____

Is your child assigned to the Adaptive Physical Education Program? O Yes O No

If your child ever had an injury or illness which required surgery, please state reason: _________________________
____

If your child is currently under medical care for an issue other than routine care, please state reason: ____________
____

It is recommended that physicals be done by your private health care provider to ensure consistent medical care.
My child will have a physical on ________________________ with their private health care provider.
Guardian's signature: ________________________________ **Date:** _________________________

I give my consent for HCSD to arrange for my child to have a physical at school with the School Medical Director.
Guardian's signature: ____

FAX 518-697-8797 / M.C. Smith Elementary School
FAX 518-697-8791 / Hudson Junior High School
FAX 518-697-8798 / Hudson Senior High School