

Putnam Valley Central School District
HEALTH HISTORY UPDATE

STUDENT NAME _____ **GRADE** _____ **DATE OF BIRTH** _____

To be completed by parent or guardian: Please provide the following information and approximate dates. Use additional sheets if necessary.

	NO	YES	DATES	DESCRIPTION
ALLERGIES				
ALLERGIES: FOOD				
ALLERGIES: MEDICATION				
ALLERGIES: INSECT STINGS				
ALLERGIES: ENVIRONMENT (HAY FEVER)				
ALLERGIES: OTHER				
ASTHMA				
EPI-PEN OR INHALER PRESCRIBED?				
INTERNAL				
BLADDER/KIDNEY INJURY OR PROBLEM				
SPLEEN INJURY				
STOMACH ULCER				
TESTICULAR PROBLEMS				
FAINTING				
FAINTING SPELLS				
FAINTING DURING EXERCISE				
LOSS OF CONSCIOUSNESS FROM BLOW TO HEAD				
LOSS OF MEMORY FROM BLOW TO HEAD				
CONVULSIONS/SEIZURES				
CARDIO				
HEART MURMUR				
CHEST PAIN				
ELEVATED BLOOD PRESSURE				
OTHER HEART PROBLEM				
MUSCULOSKELETAL				
BACK/NECK/SPINE PAIN OR INJURY				
FRACTURES/DISLOCATIONS				
JOINT SPRAIN/LIGAMENT TEAR				
KNEE INJURY/PAIN				
WEAR BRACE/SPLINT FOR GYM OR SPORTS				
MUSCLE PULLS				
VISION				
EYE PROBLEMS/VISION LOSS				
UNCORRECTABLE LOSS OF VISION IN ONE EYE				
WEAR CORRECTIVE GLASSES/CONTACT LENSES				
OTHER EYE/VISION PROBLEMS				

	NO	YES	DATES	DESCRIPTION
HEARING				
EAR PROBLEMS/HEARING LOSS				
HEARING LOSS IN ONE OR BOTH EARS				
USE HEARING ASSISTANCE DEVICE				
ORAL				
HAVE ORTHODONTIC APPLIANCES				
HAVE CAPPED TEETH				
DISEASES				
MONONUCLEOSIS				
DIABETES				
VARICELLA (CHICKEN POX)				
RHEUMATIC FEVER				
OTHER DISEASES				
OTHER				
HEADACHES/MIGRAINS				
NOSE BLEEDS (FREQUENT OR SEVERE)				
HAD A SURGICAL PROCEDURE SINCE LAST YEAR				
BEEN ILL FOR 5 OR MORE CONSECUTIVE DAYS				
SUDDEN DEATH OF FAMILY MEMBER UNDER 50				
ONGOING				
TAKE MEDICATION (PLEASE SPECIFY)				
ANY SIGNIFICANT INJURY SINCE LAST YEAR				
UNDER MEDICAL CARE NOW				

DOES YOUR CHILD HAVE A REGULAR PHYSICIAN? PHYSICIAN PHONE:			PHYSICIAN ADDRESS:
COVERED UNDER HEALTH INSURANCE			CARRIER
I agree to emergency medical treatment as deemed necessary by the physician/nurse designated by school authorities.	YES	NO	
I give permission for my child's condition to be shared with staff when necessary in case of a medical emergency.	YES	NO	LIMITATIONS (IF ANY)
			LIMITATIONS (IF ANY)

EMERGENCY CONTACT: Please contact in emergency if parent or guardian is unavailable:	
CONTACT #1	PHONE #
CONTACT #2	PHONE #

PARENT/GUARDIAN SIGNATURE	PHONE #
PRINT NAME	ALTERNATE PHONE NUMBER