

MINATO SCHOOL

STUDENT MEDICAL HISTORY FORM

Form to be completed by parent or guardian. Please print.

Student's Name _____ Parent's/Guardian's Name _____

Student's Address _____

Telephone: Home _____ Work _____ Emergency _____

Student's Physician _____ Phone _____

Medical Insurance Provider _____

Social Security number of insurance policy holder (or insurance policy no.) _____

List **all** medications taken (at home and at school) _____

List **all** allergies student has _____

General Questions

Has or does this student currently have the following:

YES NO

- | | | | |
|-----|-----|--|--|
| ___ | ___ | 1. Any recent injury, illness or infectious disease? | |
| ___ | ___ | 2. A chronic or recurrent illness/condition? | |
| ___ | ___ | 3. Ever been hospitalized? | |
| ___ | ___ | 4. Ever had surgery? | |
| ___ | ___ | 5. Have frequent headaches? | |
| ___ | ___ | 6. Ever had a serious head injury? | |
| ___ | ___ | 7. Ever been knocked unconscious? | |
| ___ | ___ | 8. Wear glasses, contacts, protective eyewear? | |
| ___ | ___ | 9. Frequent ear infections? | |
| ___ | ___ | 10. Tubes in ear? | |
| ___ | ___ | 11. Ever passed out during or after exercise or other activity? Date last occurred _____ | |
| ___ | ___ | 12. Ever had a seizure? Date last occurred _____ | |
| ___ | ___ | 13. Ever had chest pain during or after exercise? Date last occurred _____ | |
| ___ | ___ | 14. Ever had high blood pressure? Date last occurred _____ | |
| ___ | ___ | 15. Ever been diagnosed with a heart murmur? Date last occurred _____ | |
| ___ | ___ | 16. Ever had back problems? | |
| ___ | ___ | 17. Ever been dizzy during or after exercise or other activity? | |
| ___ | ___ | 18. Ever had problems with joints (e.g., knees, ankles)? | |
| ___ | ___ | 19. Have any skin problems (e.g., itching, rash)? | |
| ___ | ___ | 20. Have diabetes? | |
| ___ | ___ | 21. Have asthma? | |
| ___ | ___ | 22. Any condition that might prevent your child from participating in any activity? | |
| ___ | ___ | 23. Please list and explain any other additional restrictions, not included above: | |

Please explain any "YES" responses here, noting the number of the question(s):

Parent/Guardian Authorization

This health history is correct and complete to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Name Printed: _____