LIVERMORE VALLEY JOINT UNIFIED SCHOOL DISTRICT
685 East Jack London Blvd., Livermore, CA 94551
Telephone: (925)606-3200 Fax: (925) 606-3336

School: _____
Grade: _____

STUDENT HEALTH HISTORY

STUDENT NAME: _____ BIRTHDATE: _____ BIRTHPLACE: _____
CURRENT DOCTOR: _____ CURRENT DENTIST: _____

Child's Current Health Status: Poor: _____ Fair: _____ Good: _____ Excellent: _____

Parent/guardian: Please circle "YES" or "NO" and describe condition if "YES":

Yes No ALLERGIES?: Seasonal: _____ Food:_____ Medication: _____

Other Allergens?: _____
Yes No Regular MEDICATION(S) (Besides vitamins)?: Name, Dose, Frequency? _____
Yes No Problems at birth or in infancy?: _____
Yes No HOSPITALIZATION(S)/SURGERY: Date/Reason:? _____
Yes No DEVELOPMENTAL Problems?: _____
Yes No CURRENT BEHAVIORAL Problems?: _____
Yes No EMOTIONAL Issues?: _____
Yes No HEARING Problems?: _____
Yes No VISION Problems?: _____
Yes No HEADACHES: Type/Frequency?: _____
Yes No HEART PROBLEMS or Defect?: _____ Restrictions?: _____
Yes No ASTHMA?: _____
Yes No DIABETES: Type 1 or 2? Medication and method of delivery?: _____
Yes No SEIZURES or CONVULSIONS?: _____
Yes No PHYSICAL DISABILITY?: _____
Yes No DIGESTIVE PROBLEMS? _____

OTHER HEALTH CONCERNS/ISSUES?: _____
_____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____
If your student has a life-threatening health condition or allergy, please contact your school nurse for health care planning at school. http://www.livermoreschools.org/healthservices