



## Livermore Valley Joint Unified School District

685 East Jack London Boulevard, Livermore CA 94551

Tel (925) 606-3200 Fax (925) 454-5638

### STUDENT HEALTH HISTORY

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CURRENT MD: \_\_\_\_\_ CURRENT DENTIST: \_\_\_\_\_

Child's current health status: Poor \_\_\_\_\_ Fair \_\_\_\_\_ Good \_\_\_\_\_ Excellent \_\_\_\_\_

*Parent/guardian: Please circle "YES" or "NO" and describe 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.com/healthservices>*