

# SAINT AGNES S C H O O L

Dear Parent:

We would like for your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history. Please complete this form and return it to the school office. Thank you.

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

*This form is required annually for all students.*

**Please check the information and add or delete any pertinent information.**

**Accidents:**

- Serious head injury \_\_\_\_\_
- Loss of consciousness \_\_\_\_\_
- Other (specify) \_\_\_\_\_

- Limitation of Movement \_\_\_\_\_
- Braces/adaptive equip \_\_\_\_\_
- Poor Coordination \_\_\_\_\_
- Other \_\_\_\_\_

**Eye Difficulties:**

- Lazy Eye \_\_\_\_\_
- Glasses/Contact lenses \_\_\_\_\_
- Other \_\_\_\_\_

Premature Birth?  Yes  No

Birth Defects (specify): \_\_\_\_\_  
\_\_\_\_\_

**Ear/Throat Problems:**

- Ear infections \_\_\_\_\_
- Tubes \_\_\_\_\_
- Throat Infections \_\_\_\_\_
- Other \_\_\_\_\_

Operations (specify): \_\_\_\_\_

Illness with a high fever (103+): \_\_\_\_\_  
 Seizures \_\_\_\_\_  
 Staring Spells \_\_\_\_\_  
 Other \_\_\_\_\_

**Heart Problems:**

- Heart murmurs \_\_\_\_\_
- Congenital heart disease \_\_\_\_\_
- Rapid heartbeat \_\_\_\_\_
- Other \_\_\_\_\_

Allergies\* (specify to what and type of reaction):  
\_\_\_\_\_  
\_\_\_\_\_

**Respiratory Difficulties:**

- Asthma \_\_\_\_\_
- Bronchitis/Pneumonia \_\_\_\_\_
- Cystic Fibrosis \_\_\_\_\_
- Other \_\_\_\_\_

Currently/regularly taking medication:

Name \_\_\_\_\_  
Reason \_\_\_\_\_

**Kidney/Bladder Disease:**

- Kidney disease \_\_\_\_\_
- Bladder Infections \_\_\_\_\_
- Enuresis (bed wetting) \_\_\_\_\_
- Encopresis (fecal soiling) \_\_\_\_\_
- Constipation \_\_\_\_\_
- Undescended/one testicle \_\_\_\_\_

Skin Conditions (specify): \_\_\_\_\_  
\_\_\_\_\_

Tuberculosis TB contact \_\_\_\_\_  
Anemia \_\_\_\_\_ Mono \_\_\_\_\_  
Diabetes \_\_\_\_\_ Hepatitis \_\_\_\_\_  
Thyroid disease \_\_\_\_\_ Speech \_\_\_\_\_  
Emotional Problems \_\_\_\_\_  
Special Educational Needs \_\_\_\_\_  
Medical Exams by a specialist \_\_\_\_\_  
\_\_\_\_\_

**Musculoskeletal/Orthopedic Problems:**

- Joint pain/swelling \_\_\_\_\_

Parent's Signature \_\_\_\_\_  
Date \_\_\_\_\_

\* If your child has any allergies, please provide documentation from your doctor.