Evergreen Institute of Excellence

Evergreen Union School District Confidential

Please Complete the Following Confidential Student Health and Development Health Record

Student's Name _____ Date _____

Name of Family Doctor _____ Date of Last Exam _____

Name of Family Dentist _____ Date of Last Exam _____

Does your child wear glasses? Yes No Contact Lenses? Yes No Name of Eye Doctor _____

Psychological/Educational Evaluation Yes No Name of Counselor _____

Has your child ever been hospitalized or had an operation? If yes, please explain

_____

Do you have any health concerns you wish to share with the school nurse? Yes No Comment _____

Does your child take any medications on a routine basis? Yes No

Name of Medication _____ Purpose of medication _____

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Current Health History

All medication(s) given at school requires a Doctor's order. Forms are available in the office.

Disease History Check If Child Has Had:			
	Asthma		Bone/Joint/Muscle Problems
	Anemia		Frequent Ear Infections
	Birth Defect		Mumps
	Hepatitis		Rheumatic Fever
	Chicken Pox		Scarlet Fever
	Diabetes		Seizure Disorder
	Excessive Colds		SpeechProblem
	Heart Disease		Tuberculosis
	Mono		Whooping Cough

Neurological	
X	
	Headaches
	Seizures
	Overactive
	Head Injury
	Unconsciousness
	Developmentally Delayed
	Cerebral Palsy
	Tires Easily

Gastrointestinal	
X	
	Frequent Vomiting
	Weight Loss
	Overweight
	Underweight
	Abdominal Pain
	Digestion Difficulty

Psycho/Social	
X	
	Is Too Shy
	Gets Into Trouble
	Behavior Problem at Home
	Trouble Making Friends
	Poor Sleeper

Allergies	
X	
	Bee sting requiring medicatio
	Food
	Pollens
	Medications

Substitutions for food allergies require a doctor's order. Forms are available in the office.

Ears & Hearing	
X	
	Hearing Problems
	Ear Infection
	Drainage
	Fevers

Respiratory	
X	
	Frequent Colds
	Cough
	Wheeze
	Bronchitis

Nose & Throat	
X	
	Nosebleeds
	Difficulty Swallowing
	Swollen Glands
	Dental Problems

(PLEASE COMPLETE OTHER SIDE)

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Eye & Vision		Skin		Genital-Urinary		Cardiovascular		Skeletal	
X		X		X		X		X	
	Vision Problems		Rashes		Pain on Urination		Chest Pain		Pain in Arm or Legs
	Eye Pain		Acne		Frequent Urination		Heart Defects		Joint Swelling or Pain
	Redness		Other		Bed Wetting				Congenital Abnormality
									Broken Bones

Comments

Parent or guardian signature Date