

HEALTH HISTORY FORM

Name _____

Age _____

Address _____

Phone _____

Family Physician _____

Phone _____

Person to notified in Case of an Emergency _____

Phone _____

Relationship: _____

HEALTH HISTORY:

Past Serious Illness & Injuries _____

Surgery (major) _____

Date _____

TUBERCULOSIS: Date and results of last Mantoux T.B. test. This must be completed before coming in contact with students (Attach proof) _____

CURRENT HEALTH PROBLEMS:

Please check any of the conditions below, if applicable, and explain:

_____ Allergies

_____ Asthma

_____ Convulsive Disorder

_____ Diabetes

_____ Earaches

_____ Eye Problems

_____ Fainting

_____ Other

_____ Frequent Colds

_____ Cramps

_____ Headaches

_____ Heart Condition

_____ High Blood Pressure

_____ Hernia

_____ Kidney Disease

_____ Other

Explain any of the conditions _____

RECORD OF IMMUNIZATIONS: (Attach if available)

Signature of Employee _____

Date _____

CONFIDENTIAL!!

Only the employee herself/himself, the Superintendent, and the School Medical Inspector shall have access to the above information

****Waiver****

I give permission for the Principal and school nurse to have access to my medical information to assure ready access in a medical emergency

Employee Signature