St. Jude School
594 Poplar Street, Elyria, OH 44035
440-366-1681 Fax 440-366-5238

ANNUAL HEALTH HISTORY

RETURN TO SCHOOL
School Year 2017-2018

Student Name _____ □ Male □ Female
Grade _____ Room _____ Birthdate _____/_____/_____

Student Health Conditions: Please fill out the information below

□ **YES**, my child receives regular medical/health care for the following conditions: (If yes, please check boxes that apply below)

□ **NO** medical conditions

□ Allergies	□ Diabetes	□ Seizure disorder
□ Asthma	□ Depression	□ Sickle cell anemia
□ ADD/ADHD	□ Ear problem/hearing difficulty	□ Skin conditions
□ Autism	□ Emotional concerns	□ Speech problems
□ Behavior concerns	□ Headaches	□ Traumatic brain injury
□ Birth/congenital malformations	□ Heart problems	□ Vision problems (glasses, contacts)
□ Bone/muscle/joint problems	□ Hemophilia	□ Other _____
□ Blood problems	□ Juvenile arthritis	□ Other _____
□ Bowel/bladder problems	□ Lead poisoning	□ Other _____
□ Cancer	□ Migraines	□ Other _____
□ Cystic fibrosis	□ Neuromuscular disorder	□ Other _____

Please explain any conditions above or any reasons for hospitalizations:_____
_____
_____

If medicine is given on a daily basis <u>at home or at school,</u> please list prescription and over the counter medicine(s) :

Medication: _____ Dosage: _____ Time(s) per day: _____

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Please indicate any allergies your child may have:

Allergy type: Reaction School restrictions or recommended actions

□ Bee/Insect _____
_____
_____
□ Food _____
_____
_____
□ Medication _____
_____
_____
□ Other _____
_____

(OVER)

Family Health History*: Please list allergies, heart problems, diabetes, cancer or other serious health conditions:*

Father: _____
_____
_____

Mother:
_____
_____
_____

Brothers and Sisters: _____
_____
_____

Birth and Developmental History □ No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy? □Yes □No

Was infant born full term? □Yes □No

Did the infant have any sickness or problems? □Yes □No

If you answered yes to any of these questions, briefly explain illness or problems: _____
_____
_____
_____

How does the child's development compare to other children, such as his or her brothers/sisters or playmates?

□ About the same □ Delayed □ Advanced

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention? □ Yes □ No
If yes, please explain: _____
_____
_____

Does the student require any special procedures and/or treatments for their health condition(s)? □ Yes □ No
If yes, please explain: _____
_____
_____

Please indicate any other information about your child's health or development that you think would be helpful for the school to know: _____
_____
_____
_____
_____
_____

Form completed by: **Relationship to student:** **Date:**

_____ _____ _____/_____/_____