

**MILFORD PUBLIC SCHOOL**  
**STUDENT HEALTH HISTORY - Parent/Guardian to complete**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B. \_\_\_\_\_

PLEASE NOTE: Health information will be shared with all employees on a need to know basis unless the health office is notified otherwise. Parents are responsible for notifying the health office of any changes in the child's health.

**1. Developmental History - Were there any problems during...**

<i>Check one:</i>	YES	NO	Explanation if "YES"
a. Pregnancy			
b. Labor and delivery			
c. Infant's early months			
d. Child's early years			

**2. Has your child had any...**

<i>Check one:</i>	YES	NO	Explanation if "YES"	YEAR
a. Serious medical conditions				
b. Serious illness				
c. Serious injuries				
d. Hospitalizations				
e. Surgery/operations				

**3. Has your child had...**

<i>Check one:</i>	YES	NO	Explanation if "YES"	YEAR
a. Chicken pox				
b. Hepatitis				
c. Meningitis				
d. Mononucleosis				
e. Pneumonia				
f. Rheumatic Fever				
g. Tuberculosis				
h. Strep				
i. Lyme Disease				
j. Any other communicable disease?			Disease:	

**4. Does your child have any history of...**

	<i>Check one:</i>	YES	NO	YEAR
a. Allergies (to medication, food, insect bites, bee sting, other)				
b. Asthma				
c. Bleeding disorder				
d. Bowel problems				
e. Cardiac (heart) condition				
f. Congenital (birth) defects				
g. Convulsions, epilepsy or seizures				
h. Ear conditions or infections, fluid in ear three (3) times or more				
i. Eczema, psoriasis or any other skin condition				
j. Genital defect/condition				
k. Hearing problems				
l. Kidney or urinary problems				
m. Muscular problems or diseases				
n. Neurological problems or diseases				
o. Orthopedic problems or diseases				
p. Speech problem				
q. Vision problem, or wears glasses (give reason, and when worn)				
r. Any condition currently under the care of a doctor				
s. Any condition for which a doctor has advised student not to participate in physical education				
t. Need to take daily medications				
u. Need to take emergency medication				
v. Any other information to complete this child's health history?				

**Any "YES" response requires an explanation:**

Question No. \_\_\_\_ Explanation \_\_\_\_\_

\_\_\_\_\_

Question No. \_\_\_\_ Explanation \_\_\_\_\_

\_\_\_\_\_

Question No. \_\_\_\_ Explanation \_\_\_\_\_

\_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent name (PRINT): \_\_\_\_\_