



FAIR HAVEN PUBLIC SCHOOLS

HEALTH HISTORY UPDATE

Student Name _____ Grade/Teacher _____

Dear Parent/Guardian: To the best of your knowledge, does your child have any problems which may affect his/her learning in school, cause you any concern and/or may be important for school staff to know? Please check "yes" or "no" for each of the following questions. Please explain any YES answers below.

- | | Yes | No |
|---|-------|-------|
| 1. Was your child born with or did he/she develop any health condition during infancy? | _____ | _____ |
| 2. Does your child have any eye or vision problems (difficulty seeing, crossed eyes, frequently reddened or watery eyes, wear glasses or contact lenses)? | _____ | _____ |
| 3. Does your child have any ear or hearing problems (frequent ear aches, difficulty hearing, draining ear, use a hearing aid)? | _____ | _____ |
| 4. Does your child have any allergies (foods, insects, medication, environmental)? | _____ | _____ |
| 5. Does your child have any other specific sickness, health problem or physical limitation which might, in your opinion, affect his/her school performance or program? e.g.: Speech, Heart, Asthma, Orthopedic, Diabetes, Lyme, Epilepsy, Other | _____ | _____ |
| a. Has your child received any medical or other evaluation which could help school personnel in meeting his/her health or educational needs? | _____ | _____ |
| b. Does this problem require any special health care in school? | _____ | _____ |
| 6. Does your child take medication (daily or as needed)? | _____ | _____ |
| 7. Has your child had any serious illness, injury or operation that may be important for school staff to know? | _____ | _____ |
| 8. Has your child received a recent immunization or screening test not previously reported? | _____ | _____ |
| 9. Do you have any concerns about your child's general health (eating, and sleeping habits, bowel or bladder habits, posture, teeth, skin, menstruation, weight, etc.)? | _____ | _____ |
| 10. Do you have any concerns about your child's developmental behavior or emotional well-being that the school should be aware of? | _____ | _____ |
| 11. Date of last complete physical examination: | _____ | |

Please explain any YES answers (continue on back) _____

I give my permission for confidential and discreet use of this information to meet my child's health and educational needs in school. ___ YES ___ NO

Parent/Guardian Signature _____ Date _____