



# SYRACUSE CITY SCHOOL DISTRICT

Pamela J. Odom, Superintendent of Schools

Health Services

Nancy Bailey, Director of Health Services

## Health History Form

Name of Student: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Sex assigned at birth: ☐ M ☐ F Gender Identity: ☐ M ☐ F ☐ Nonbinary ☐ X

Today's Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Has this child ever attended a Syracuse City school? ☐ Yes ☐ No School attended: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Last Visit: \_\_\_\_\_ Dentist's Name: \_\_\_\_\_ Last Visit: \_\_\_\_\_

Insurance: \_\_\_\_\_ Medicaid: \_\_\_\_\_

**Pregnancy & Delivery** Birth Weight \_\_\_\_ lb \_\_\_\_ oz Length of pregnancy \_\_\_\_ months Labor \_\_\_\_ hours Type of Delivery: ☐ Vaginal ☐ C-Section Complications? \_\_\_\_\_

**Growth & Development:** Please fill in the age at which your child:

Sat Up \_\_\_\_\_ Crawled \_\_\_\_\_ Walked \_\_\_\_\_ Talked \_\_\_\_\_ Toilet Trained \_\_\_\_\_

### Please give a brief description of the following regarding your child:

Medications: \_\_\_\_\_ Medication Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Serious Illnesses: \_\_\_\_\_

Accidents: \_\_\_\_\_ Date(s): \_\_\_\_\_

Surgeries/Hospitalizations/ER Visits: \_\_\_\_\_ Date(s): \_\_\_\_\_

Check "YES" or "NO" in the boxes below if your child has ever had a problem with any of the following:

Yes	No	Health Condition	Yes	No	Health Condition
		ADHD			Hepatitis A or B
		Asthma Diagnosis			Increased Lead Levels
		Behavioral/Emotional Problems			Limitation of Activity Level
		Blood Disorder/Sickle Cell			Seizures
		Dental Problems			Skin Rashes
		Diabetes			Speech Problems
		Ear Problems			Tuberculosis
		Eye Problems			Other, please specify:
		Heart Problems			

Please explain any of the above or add additional information that will help us to help your child: \_\_\_\_\_

Special equipment/supplies needed: \_\_\_\_\_

Are there any major health problems of any other family members? Please explain: \_\_\_\_\_

COPY AND ATTACH IMMUNIZATION RECORD TO BACK OF FORM