

Mohonasen Central School District
Health History ~ Grade 6-12

Student Name _____ Birthdate _____ Sex ____ Gr. ____

Please date and explain, if applicable, the following illness/condition which has affected your child, write no if they do not apply:

German Measles ____ Measles ____ Mumps ____ Chicken Pox ____ Fifth Disease ____

Whooping Cough ____ Rheumatic Fever ____ Scarlet Fever ____

Tuberculosis ____ Mononucleosis ____ Pneumonia ____ Hepatitis ____

Strept Throat [last incident] _____ Frequency _____

Diabetes ____ Dx. _____ Controlled with _____

Heart defect or condition _____ Restrictions _____

Seizures [date of last one] _____ Controlled with _____ Restrictions _____

Asthma ____ Controlled with _____ Restrictions _____

Allergies ____ to what _____ Controlled with _____

Ear infection ____ Frequency _____ Tubes/date ____ Hearing loss? _____

Vision: Normal ____ Wears: glasses ____ Contacts ____ for _____ Last appt: _____

Orthopedic problem _____ Correction _____

Has your child been diagnosed with **ADD or ADHD**? ____ Date ____ Doctor _____

Medication _____ Dose _____ Frequency _____

Medications student is currently on: _____ for _____
_____ for _____

Insect bite sensitivity to: _____ Treatment _____

Please state below anything else the school nurse should be made aware of:

Parent/Guardian signature _____ Date _____