



Upper Merion Area School District

435 Crossfield Road • King of Prussia, PA 19406 • (610) 337-6000 • Fax (610) 337-9468

SCHOOL HEALTH SERVICES STUDENT HEALTH HISTORY

Student _____ Date of Birth _____ Sex _____ Grade _____
Address _____ Phone(____) _____
Mother _____ Father _____ Guardian _____

Check items that student has had or currently has:

Allergies:

Food Medication Bee Sting Insect Bite Other
Comments _____

Respiratory:

Asthma Bronchitis Chronic Cough
Frequent Colds Pneumonia Tuberculosis Other
Comments _____

Cardiac:

Heart Murmur Congenital Defect Arrhythmias Other
Comments _____

Eyes, Ears, Nose, Throat:

Ear Aches Hearing Loss Sore Throat
Speech Difficulties Visual Impairment Other
Comments _____

Gastrointestinal:

Gastric Reflux Stomach Aches Toileting Problems Other
Comments _____

Genitourinary:

Urinary Accidents Urinary Tract Infections Other
Comments _____

Neurological:

A.D.D./A.D.H.D. Congenital Condition Convulsions
Developmental Delays Headaches/Migraines Tourette's Syndrome Other
Comments _____

Skeletal:

Fractures Orthopedic Condition Scoliosis Other
Comments _____

Emotional:

Depression Suicide Family Stressors Other
Comments _____

Chronic Conditions:

HIV/AIDS Cancer Diabetes Epilepsy Blood Disorders
Genetic Conditions Arthritis Other
Comments _____

Describe any serious illnesses, accidents or operations your child has had: _____

Family History – has any family member had:

Cancer Disease Diabetes HIV/AIDS Heart Disease
Comments _____

Child currently under medical treatment – explain _____

Child currently taking daily medication – explain _____

Areas of concern or information that would be helpful to school staff: _____

Parent Signature _____ Date _____