

CARSON CITY SCHOOL DISTRICT
Health Services Department

Student _____ Grade _____ School _____ Date _____

Birthdate _____ Sex _____ Family Physician _____ Phone _____

Previous student in Carson City schools? _____ Where? _____

HEALTH HISTORY

	Age		Age		Age
Chicken Pox	_____	Diphtheria	_____	Ear Infections	_____
German Measles (3 day)	_____	Infectious Hepatitis	_____	Measles (2 week)	_____
Mumps	_____	Poliomyelitis	_____	Rheumatic Fever	_____
Scarlet Fever	_____	Tonsillitis	_____	Whooping Cough	_____

MEDICATION TAKEN REGULARLY

By Physician's Prescription _____

Over the Counter _____

PAST OR PRESENT MEDICAL CONSIDERATIONS

	Yes	Describe
Accident (Serious)		
Allergies		
Asthma		
Blood Disorder		
Congenital Deformity		
Diabetes		
Ear Infections		
Hearing Loss		
Heart Disease / Problems		
Hypertension		
Illness (Serious)		
Kidney Disorder		
Muscular Disorder		
Neurological Disorder		
Orthopedic Handicap		
Seizure Disorder		
Speech Disorder		
Surgery (Serious)		
Tuberculosis Contact		
Ulcer		
Urinary Problems		
Vision Loss		
Other Major Illnesses		

COMMENTS:

Mother / Guardian: _____ Father / Guardian: _____

Home Phone: _____ Work: _____ Home Phone: _____ Work: _____