DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
STUDENT HEALTH HISTORY

INSTRUCTIONS: SPONSOR/PARENT/GUARDIAN-READ CAREFULLY AND CHECK (✓) ALL CONDITIONS THAT APPLY TO YOUR CHILD.

Student #_____ Grade_____	STUDENT'S NAME (Print) LAST FIRST M.I.	CHECK ✓ Female ☐ Male ☐	Date of Birth: ___/___/___ mo. day yr.

HEALTH HISTORY

VISUAL DEFECT		COMMENTS	CARDIOVASCULAR		COMMENTS
WEARS GLASSES	☐	☐ For reading **ONLY** or ☐ Wears full-time	SICKLE CELL DISORDER	☐	
CONTACTS	☐		ANEMIA	☐	
COLOR DEFICIENCY	☐		CONGENITAL HEART	☐	
OTHER	☐		RHEUMATOID HEART		
HEARING DEFECT	✓		HEART MURMUR	☐	
EAR INFECTIONS Frequency:	☐	Last date:	RESTRICTIONS YES ☐ NO ☐	☐	Explain:
TUBE IN EAR(S) Left ☐ Right ☐	☐	Date of insertion:	OTHER	☐	
HEARING LOSS	✓		**RESPIRATORY**	✓	
MILD Left ☐ Right ☐	☐	Date of diagnosis:	ASTHMA Date of diagnosis:	☐	**Inhaler needed:** @ school YES ☐ NO ☐ @ home YES ☐ NO ☐
MODERATE Left ☐ Right ☐	☐	Date of diagnosis:	BRONCHITIS	☐	
SEVERE Left ☐ Right ☐	☐	Date of diagnosis:	CYSTIC FIBROSIS	☐	
HEARING AID(S) Left ☐ Right ☐	☐	Date:	TUBERCULOSIS Date of diagnosis:	☐	Type of treatment: Date of treatment:
CONGENITAL EAR DEFECT Left ☐ Right ☐	☐		NOSEBLEEDS	☐	Frequency:
ALLERGIES	✓	**ANA Kit Required**	SINUSITIS	☐	Frequency:
BEE STING	☐	YES ☐ NO ☐	**DERMATOLOGY**	✓	
FOOD Specify:	☐	YES ☐ NO ☐	PROBLEMS WITH BODY PIERCING/TATOOS	☐	
DRUG Specify:	☐	YES ☐ NO ☐	FEVER BLISTERS COLD SORES	☐	
ENVIRONMENTAL	☐		CONTACT DERMATITIS	☐	
SEASONAL	☐		ACNE	☐	
LACTOSE INTOLERANCE	☐		ECZEMA	☐	
ENDOCRINE	✓		DANDRUFF	☐	
DIABETES Date of diagnosis:	☐	**Insulin needed:** @ school YES ☐ NO ☐ @ home YES ☐ NO ☐	TINEA (RINGWORM) Body ☐ Head ☐ Feet ☐	☐	
HYPERGLYCEMIC	☐		**MUSCULOSKELETAL**	✓	
HYPOGLYCEMIC	☐		ARTHRITIS	☐	
THYROID DISORDER	☐		MUSCULAR DYSTROPHY	☐	
PARASITES (HISTORY OF)	✓		HISTORY OF FRACTURE Explain:	☐	Date:
MALARIA	☐		SCOLIOSIS	☐	Date of diagnosis:
PINWORMS	☐		DEFORMITY Explain:	☐	
SCABIES	☐		HERNIA	☐	
HEAD LICE	☐		OSGOOD-SCHLATTER	☐	