

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		Reading ONLY <input type="checkbox"/> Wears full time <input type="checkbox"/>	SICKLE CELL DISORDER		
CONTACTS			ANEMIA		
COLOR DEFICIENCY			CONGENITAL HEART		
OTHER			RHEUMATOID HEART		
HEARING DEFECTS			HEART MURMUR		
EAR INFECTIONS Frequency:		Last Date:	RESTRICTIONS Yes <input type="checkbox"/> No <input type="checkbox"/>		
TUBE IN EAR(S) Left <input type="checkbox"/> Right <input type="checkbox"/>		Date of insertion:	OTHER		
HEARING LOSS			RESPIRATORY		
MILD Left <input type="checkbox"/> Right <input type="checkbox"/>		Date of diagnosis:	ASTHMA Date of diagnosis:		
MODERATE Left <input type="checkbox"/> Right <input type="checkbox"/>		Date of diagnosis:	BRONCHITIS		
SEVERE Left <input type="checkbox"/> Right <input type="checkbox"/>		Date of diagnosis:	CYSTIC FIBROSIS		
HEARING AID(S) Left <input type="checkbox"/> Right <input type="checkbox"/>		Date:	TUBERCULOSIS Date of diagnosis:		
CONGENITAL EAR DEFECT Left <input type="checkbox"/> Right <input type="checkbox"/>			NOSEBLEEDS		
ALLERGIES		ANA Kit Required	SINUSITIS		
BEE STING		Yes <input type="checkbox"/> No <input type="checkbox"/>	DERMATOLOGY		
FOOD Specify:		Yes <input type="checkbox"/> No <input type="checkbox"/>	PROBLEMS WITH BODY PIERCING		
DRUG Specify:		Yes <input type="checkbox"/> No <input type="checkbox"/>	FEVER BLISTERS COLD SORES		
ENVIRONMENTAL			CONTACT DERMATITIS		
SEASONAL			ACNE		
LACTOSE INTOLERANCE			ECZEMA		
ENDOCRINE			DANDRUFF		
DIABETES Date of diagnosis:		Insulin needed: @school Yes <input type="checkbox"/> No <input type="checkbox"/> @home Yes <input type="checkbox"/> No <input type="checkbox"/>	TINEA (Ringworm) Body <input type="checkbox"/> Head <input type="checkbox"/> Feet <input type="checkbox"/>		
HYPERGLYCEMIC			MUSCULOSKELETAL		
HYPOGLYCEMIC			ARTHRITIS		
THYROID DISORDER			MUSCULAR DYSTROPHY		
PARASITES (History of)			HISTORY OF FRACTURE Explain:		
MALARIA			SCOLIOSIS		
PINWORMS			DEFORMITY Explain:		
SCABIES			HERNIA		
HEAD LICE			OSGOOD SCHLATTER		

