



**WEST ALLEGHENY SCHOOL DISTRICT
STUDENT HEALTH HISTORY**

PLEASE NOTE: This form must be completed and signed by the Parent/Guardian before a student receives a school physical for any reason including 6th Grade Physical and 11th Grade Physical.

NAME: _____ **DATE:** _____

GRADE: _____ **AGE:** _____ **BIRTHDATE:** _____

Has this student ever had any:	No	Yes	Explain
1. Chronic or recurrent illness? (i.e., Diabetes, Cystic Fibrosis, etc.)	[]	[]	_____
2. Illness lasting more than one week?	[]	[]	_____
3. Hospitalizations (overnight or prolonged stay in hospital)?	[]	[]	_____
4. Surgery or operation?	[]	[]	_____
5. Missing organs or loss of organ function (eyes, kidneys, testicle)?	[]	[]	_____
6. Allergic reactions to any medicine?	[]	[]	_____
7. Heart murmur, heart abnormality, or blood pressure problems?	[]	[]	_____
8. Seizure or convulsions?	[]	[]	_____
9. Dizziness, chest pain or fainting with exercise?	[]	[]	_____
10. Concussion or loss of consciousness?	[]	[]	_____
11. Broken or injured bones or joints?	[]	[]	_____
12. Emergency Room visits?	[]	[]	_____
13. Asthma or breathing problems?	[]	[]	_____
14. Liver or spleen enlargement?	[]	[]	_____
15. Serious injury or illness participating in a sport?	[]	[]	_____
16. Menstrual problems? (Females only)	[]	[]	_____

Has this student ever had any:	No	Yes	Explain
17. Neck injury?	[]	[]	_____
18. Serious bleeding tendencies?	[]	[]	_____
19. Skin problems?	[]	[]	_____

Does this student:

20. Take any medications?	[]	[]	_____
21. Have any allergies? (i.e., hay fever)	[]	[]	_____
22. Wear glasses or contact lenses?	[]	[]	_____
23. Wear braces, plates or other artificial devices?	[]	[]	_____
24. Appear physically immature when compared to other children the same age?	[]	[]	_____
25. Have any current injury?	[]	[]	_____
26. Have any muscle pull?	[]	[]	_____
27. Have any pinched nerve?	[]	[]	_____
28. Have any back injury?	[]	[]	_____
29. Who is child's doctor? (name, address, phone number)			_____ _____
30. Please list any family members who have had a heart attack, high blood pressure or high cholesterol or unexplained sudden death before 55 years of age.			_____ _____
31. Date of last known Tetanus shot?			_____
32. Is this child physically and mentally able to participate in sports?			_____

I give my permission for my child to receive a physical examination by the school physician.

PARENT'S SIGNATURE: _____ **DATE:** _____

DAYTIME PHONE NO. _____ **(so parent can be reached with any questions)**