SHERBURNE-EARLVILLE MS/HS SCHOOL HEALTH OFFICE

HEALTH HISTORY

Phone: 607-674-7310 Fax: 607-674-7383

TO BE COMPLETED, SIGNED BY PARENT/GUARDIAN and RETURNED TO THE HEALTH OFFICE

Name: _____ Date of Birth: _____ Grade: _____

Date of Last Physical Exam: _____

According to New York State guidelines, **new entering students, 7 th, 9 th and 11th grade students are required to have a physical.**

Please complete and return this form to the Health Office.

A current physical must be on file. If your child has had a physical since *September 5, 2025*, please have the doctor fax us a copy to (607) 674-7383.

Parent: Please check (✔) one of the following:

☐ My child will have his/her physical with the ***primary health care provider.****

Date of appointment _____

****A copy of the exam must be sent to the Health Office for the student's health file.***

☐ My child will have a physical at the School Based Health Center (SBHC).** (see back page)

Date of appointment _____

Does your child have, or has he/she ever had (PLEASE CHECK OR CIRCLE WHERE APPROPRIATE):

	Yes	No
Allergies:Seasonal/ Hay Fever/food/medication (circle and explain): _____	☐	☐
Life-Threatening Allergy requiring EPIPEN? Bee, Food, Latex, Other: (circle) _____	☐	☐
Asthma- uses an Inhaler?	☐	☐
Anemia/bleeding disorder? (circle)	☐	☐
Arthritis	☐	☐
Bladder/Kidney Problem or Injury(circle)	☐	☐
Explain: _____		
Ear Problems/ Hearing Loss/ Hearing Aid (circle)	☐	☐
Eye Problems/ One Eye/ **Vision Loss (circle)**	☐	☐
Fractured nose/deviated septum (circle)	☐	☐
Nosebleeds, frequent or severe (circle one)	☐	☐
Seizures/Epilepsy: _____	☐	☐
Stomach problems: _____	☐	☐
Skin problems: _____	☐	☐
Headaches: _____	☐	☐
Hernia:	☐	☐
Heart Problem/Murmur: _____	☐	☐
Fainting Spells, dizziness, syncope (circle)	☐	☐
A pacemaker	☐	☐
EKG, stress test or echocardiogram	☐	☐
Brace or orthotic/assistive device	☐	☐
Explain: _____		
Diabetes/Hypoglycemia (circle)	☐	☐
Explain _____		
Males only: Only One Testicle?	☐	☐
Marfan Syndrome	☐	☐

Please see other side ☐

Girls only: Age of onset of menstrual period _____ Are periods regular? Yes ☐ No ☐

	Yes	No
Is your child, or has your child ever been assigned to the **Adaptive Physical Education Program?** _____	☐	☐
Since their last physical exam,has your child *ever* had an **illness, condition, or injury** that required him/her to go to the hospital, either as a patient overnight, or required an operation? If so, explain		
_____	☐	☐
Has your child ever been diagnosed with a head injury or <u>concussion?</u> (Date _____)	☐	☐
Is your child taking **any medication now**? If so, what: _____	☐	☐
Is your child under **medical care for an ongoing condition now**? If so, explain:		
_____	☐	☐
Does your child have any **learning or attention** problems? _____	☐	☐
Does your child have any **behavior, emotional or mental health problems**? If so, explain:		
_____	☐	☐

<u>Family History:</u>

- Has there ever been a sudden death in a family member under the age of fifty (50)? ☐ ☐
  If so, explain: _____
- Does any **relative** have a serious illness? ☐ ☐
  If so explain: _____

****Parents/guardians need to call the Bassett School Based Health Center to make an appointment for your student's physical at (607)-674-8416.**

Any additional information you feel the School Health office/School Nurse should know:

_____
_____
_____
_____
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_____

To the best of my knowledge, the above statements are accurate.

Parent/Guardian signature _____ Date _____