

BURKE BASIC ELEMENTARY SCHOOL-HEALTH HISTORY
INFORMATION REMAINS CONFIDENTIAL - PLEASE PRINT CLEARLY

STUDENTS LAST NAME _____ FIRST _____ School Year _____ Grade _____

ADDRESS _____ City _____ Zip Code _____ Birthday _____

Student Lives with _____ LANGUAGE SPOKEN AT HOME _____

TELEPHONE INFORMATION

MOTHER: _____ Home Phone _____ Cell _____ Work _____

FATHER: _____ Home Phone _____ Cell _____ Work _____

EMERGENCY CONTACT PERSON _____ Phone _____

CHECK IF THIS APPLIES TO YOUR CHILD - DISCUSS WITH SCHOOL NURSE IF NEEDED

GLASSES _____ DISTANCE _____ READING _____ COLOR BLIND _____ LAST EYE EXAM _____

HEARING LOSS _____ HEARING AID _____ SPEECH PROBLEM _____

EAR ACHES AND INFECTIONS _____ TUBES _____ TONSILS _____ STREP _____

PHYSICAL NEED REQUIRING SPECIAL ATTENTION OR CARE _____

ADHD _____ ADD _____ MEDICATION TAKEN _____

EMOTIONAL CONCERNS. If any please explain: _____

ALLERGIES _____ TYPE _____ FOODS _____ NUTS _____

ASTHMA _____ INHALER AT SCHOOL? _____ SVN treatment? _____

PNEUMONIA _____ RESPIRATORY DISEASE _____

DIABETES _____ TYPE _____ GLUCOSE MONITORING _____ TREATMENT _____

SKIN DISORDERS _____ ECZEMA _____ PSORIASIS _____

HIGH BLOOD PRESSURE _____ HEART CONDITION _____

NOSE BLEEDS _____ FREQUENCY _____

HEAD INJURY OR CONCUSSION _____ HEADACHES _____ MIGRAINES _____

MUSCLE DISORDER _____ SCOLIOSIS _____ HANDICAP _____

BROKEN BONES _____ OPERATIONS _____

KIDNEY DISEASE _____ LEUKEMIA OR ANY CANCER _____

HEPATITIS _____ TB OR CONTACT WITH TB _____ MRSA _____

CHICKEN POX _____ WHEN _____ ARE STUDENTS IMMUNIZATIONS CURRENT? _____

*****IMMUNIZATIONS MUST INCLUDE a DTaP, Polio, and MMR after age 4, 3 Hep B and Varicella. IF NOT CURRENT, CALL Maricopa County Dept. of Public Health 602-263-8856 for FREE CLINIC HOURS. IMMUNIZATIONS MUST BE CURRENT BY START OF SCHOOL OR END OF AUGUST PER STATE LAW.**

ADDITIONAL INFORMATION _____

UNDER MEDICAL CARE NOW? _____ PREFERRED HOSPITAL IF 911 EVER NEEDED _____