

**CLOVIS UNIFIED SCHOOL DISTRICT
STUDENT HEALTH HISTORY**

Student Name: _____ DOB: _____ School: Copper Hills

PLEASE CHECK ALL THAT APPLY

PAST MEDICAL HISTORY

NONE

- | | |
|--|--|
| <input type="checkbox"/> Premature Birth (35 wks or earlier) | <input type="checkbox"/> Frequent Ear Infections |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Seizures/Epilepsy | <input type="checkbox"/> Other |
| <input type="checkbox"/> Heart Defect/Heart Disease | Comments: _____ |
| <input type="checkbox"/> Hearing Problems | _____ |
| <input type="checkbox"/> Wears Glasses/Contacts | _____ |

ALLERGIES

NONE

FOOD ALLERGIES

- Peanuts Tree Nuts Eggs Dairy Other: _____

Diagnosis: Blood Test Ingestion Contact Inhalation

Date of Last Reaction: _____ Treatment Given: _____

- Requires Epinephrine Pen/Auvi-Q at School
 Sit at Peanut/Tree Nut Aware Lunch Table
 May eat food products processed in a facility containing peanuts/tree nuts.
 Egg Allergy: May eat baked goods
 Milk Allergy: May eat baked goods containing dairy

*Parents are encouraged to bring alternative snacks for the classroom in case student is unable to eat certain food items.

INSECT ALLERGY

- Bee Stings Wasp Stings Other: _____

Date of Last Reaction: _____ Treatment Given: _____

- Local Reaction: Pain, itching, minimal swelling & redness at wound site
 Systemic Reaction: Difficulty breathing, flushing of skin, rash, faintness
 Requires Epinephrine Pen/Auvi-Q at School

MEDICATION ALLERGY (List Medication) _____

ENVIRONMENTAL ALLERGIES

- Latex Grass Dust Pollen Mold Household Animals Hay Fever

ASTHMA

NONE

- Chronic, Diagnosed: _____ Triggered by Illness Seasonal
 Requires Inhaler at School Daily As Needed Only With Exercise

CURRENT DAILY MEDICATIONS

NONE

1. _____

WILL MEDICATION BE GIVEN AT SCHOOL?

YES NO

2. _____

YES NO

Parent Signature: _____ Date: _____