

1100 H Street • Modesto, CA 95354 • (209) 525-6611 • FAX (209) 525-5192

STUDENT HEALTH INVENTORY

	STODENT HEATT		Grade: _	-	
School		Date _			
Name		M	F Birth Date _		
Last	First	Middle (Gender		
Language spoken at home:					
Birth History (circle Yes/No):					
Child was what number pregnancy?	Number of	living children?			
Was the mother under medical care du	ring the prenatal period? Yes/1	No			
Did mother use any drugs, alcohol or t	obacco during pregnancy? Yes	s/No			
Explain					
	th of Labor?				
Was child full term? Yes/No Prema	ure? Yes/No How much? _		Birth weight?		
Was there any breathing difficulty for	the child? Yes/No Oxygen ş	given? Yes/No			
Did mother and child come home from					
If "no," give reason:					
When did child: Sit alone?		Talk?	Toilet Trained	?	
Past & Present Medical Issues: (Check all that apply):				
	Comments:			Comments:	
Asthma		Heart Di	isease	Comments.	
ADD/ADHD		Hepatitis			
Bone/Ioint Problems		Kidney I			
Chicken Pox			tic Fever		
Diabetes —		Scarlet I	Cover		
Ear Problems		Seizures	-		
Eye Problems		Skin Pro	blems		
Frequent Colds	Speech I	Problems			
Head Injury		Stomach			
Allergy (if so, to what?)					
Other serious illnesses, operations, inju	ries, hospitalizations and age	of occurrence:			
CURRENT HEALTH STATUS (CIRCLE	VEC/NO).				
		_			
Doctor? Yes/No Name	Date of exam	Recommend	dations		
Dentist? Yes/No Name:	Date of exam	Recommend	Recommendations		
Eye Doctor? Yes/No Name:	Date of exam	Recommend	dations		
Ear Doctor? Yes/No Name:	Date of exam	Recommend	dations		
Is your child under a doctor's care	now? Yes/No Name:				
If yes, for what condition?	Recommendations				
If your child is taking medication:	Name	Dose:	Frequency Give	n:	
Do you have: (Circle One) Medi-(Cal / Private / Self-pay insur	rance?			

s this child's mother living? Age In good health? sthis child's father living? Age In good health? Las any family member (sisters, brothers, aunts, uncles, grandparents) had any of the following: Allergies (asthma, Hay fever) Convulsions or Epilepsy Diabetes Mental Retardation/Slow Learner Any inherited Diseases Has a parent, brother or sister died? Relationship cause of death age at death Which of the following have you observed in your child? Please check: Plays well with other children Angers casily Nail biting Starts with others Diseases Is sistenstwith others Diseases Is sistenstwith Bed wetting Starts with others Diseases Starts with others Diseases Follows instruction What behavior management is most effective with your child? What activity does your child enjoy most? Any other information which might help the school to understand and work with you and your child: If THERE IS ANY CHANGE IN THE CHILD'S HEALTH WHICH AFFECTS HER/HIS ABILITY TO TAKE PHYSICAL EDUCATION, OR IF SHE/HE IS PLACED ON A REGULAR MEDICATION, (Educ. Code No. 49423) IT IS THE PARENTS' RESPONSIBILITY TO NOTIFY THE SCHOOL. PLEASE REQUEST FORMS AS NEEDED IF EITHER STUATION EXISTS Family Members (Including Parents/others living in the home) Name Sex Birthplace Birth Date Child Grade Child Grade	Family and Social History							
Has any family member (sisters, brothers, aunts, uncles, grandparents) had any of the following: Allergies (asthma, Hay fever) Convulsions or Epilepsy Diabetes Mental Retardation/Slow Learner Any inherited Diseases Has a parent, brother or sister died? Relationship cause of death age at death Which of the following have you observed in your child? Please check: Plays well with other children Angers easily Nail biting Shares with others Discourages easily Nail biting Seeks friends Is distrustful Bed wetting Stumbles or drops things often Cries easily Pollows instruction What behavior management is most effective with your child? What activity does your child enjoy most? Any other information which might help the school to understand and work with you and your child: FTHERE IS ANY CHANGE IN THE CHILD'S HEALTH WHICH AFFECTS HER/HIS ABILITY TO TAKE PHYSICAL EDUCATION, OR IF SHE/HE IS PLACED ON A REGULAR MEDICATION, (Educ. Code No. 49423) IT IS THE PARENTS' RESPONSIBILITY TO NOTIFY THE SCHOOL PLEASE REQUEST FORMS AS NEEDED IF EITHER SITUATION EXISTS Family Members (Including Parents/others living in the home)	s this child's mother living? _	Ag	e	_ In good health	In good health?			
Allergies (asthma, Hay fever) Convulsions or Epilepsy Diabetes Mental Retardation/Slow Learner Any inherited Diseases Has a parent, brother or sister died? Relationship cause of death age at death Which of the following have you observed in your child? Please check: Plays well with other children Angers easily Thumb sucking Shares with others Discourages easily Nail biting Seeks friends Is distrustful Bed wetting Seeks friends Is distrustful Bed wetting Stumbles or drops things often Crics easily Follows instruction What behavior management is most effective with your child? What activity does your child enjoy most? Any other information which might help the school to understand and work with you and your child: IF THERE IS ANY CHANGE IN THE CHILD'S HEALTH WHICH AFFECTS HER/HIS ABILITY TO TAKE PHYSICA EDUCATION, OR IF SHE/HE IS PLACED ON A REGULAR MEDICATION, (Educ. Code No. 49423) IT IS THE PARENTS' RESPONSIBILITY TO NOTIFY THE SCHOOL PLEASE REQUEST FORMS AS NEEDED IF EITHER SITUATION EXISTS Family Members (Including Parents/others living in the home)	<u> </u>			-				
Convulsions or Epilepsy Diabetes Mental Retardation/Slow Learner Any inherited Diseases Has a parent, brother or sister died? Relationship cause of death age at death Which of the following have you observed in your child? Please check: Plays well with other children Angers easily Thumb sucking Shares with others Discourages easily Nail biting Seeks friends Is distrustful Bed wetting Seeks friends Stumbles or drops things often Cries easily Pollows instruction What behavior management is most effective with your child? What activity does your child enjoy most? Any other information which might help the school to understand and work with you and your child: IF THERE IS ANY CHANGE IN THE CHILD'S HEALTH WHICH AFFECTS HER/HIS ABILITY TO TAKE PHYSICAL EDUCATION, OR IF SHE/HE IS PLACED ON A REGULAR MEDICATION, (Educ. Code No. 49423) IT IS THE PARENTS' RESPONSIBILITY TO NOTIFY THE SCHOOL. PLEASE REQUEST FORMS AS NEEDED IF EITHER SITUATION EXISTS Family Members (Including Parents/others living in the home)	Has any family member (sisters	s, brothers,	aunts, uncles, gran	dparents) had ar	ry of the following	;		
Mental Retardation/Slow Learner Any inherited Diseases Has a parent, brother or sister died? Relationship cause of death age at death Which of the following have you observed in your child? Please check: Plays well with other children Angers easily Thumb sucking Shares with others Discourages easily Nail biting Seeks friends Is distrustful Bed wetting Stumbles or drops things often Cries easily Follows instruction What behavior management is most effective with your child? What activity does your child enjoy most? Any other information which might help the school to understand and work with you and your child: THE THERE IS ANY CHANGE IN THE CHILD'S HEALTH WHICH AFFECTS HER/HIS ABILITY TO TAKE PHYSICAL EDUCATION, OR IF SHE/HE IS PLACED ON A REGULAR MEDICATION, (Educ. Code No. 49423) IT IS THE PARENTS' RESPONSIBILITY TO NOTIFY THE SCHOOL. PLEASE REQUEST FORMS AS NEEDED IF EITHER SITUATION EXISTS Family Members (Including Parents/others living in the home)	Convulsions or Epiler	•						
Relationship cause of death age at death Which of the following have you observed in your child? Please check: Plays well with other children	Mental Retardation/S		er					
Which of the following have you observed in your child? Please check: Plays well with other children	Has a parent, brother	or sister di	ed? Relationship	cause o	f death	age at death		
Plays well with other children	Which of the following have ve	ou observe	•	ease check:		0		
Shares with others Discourages easily Nail biting Seeks friends Bed wetting Is distrustful Bed wetting Overactive Stumbles or drops things often Cries easily Follows instruction What behavior management is most effective with your child? What activity does your child enjoy most? Any other information which might help the school to understand and work with you and your child: ET THERE IS ANY CHANGE IN THE CHILD'S HEALTH WHICH AFFECTS HER/HIS ABILITY TO TAKE PHYSICAL EDUCATION, OR IF SHE/HE IS PLACED ON A REGULAR MEDICATION, (Educ. Code No. 49423) IT IS THE PARENTS' RESPONSIBILITY TO NOTIFY THE SCHOOL. PLEASE REQUEST FORMS AS NEEDED IF EITHER SITUATION EXISTS Family Members (Including Parents/others living in the home)	791 11 10 01 1311		-		Thumb sucking			
Seeks friends	ent tot of	4	=		-			
Is withdrawn			-					
Stumbles or drops things often	well							
What behavior management is most effective with your child? What activity does your child enjoy most? Any other information which might help the school to understand and work with you and your child: IF THERE IS ANY CHANGE IN THE CHILD'S HEALTH WHICH AFFECTS HER/HIS ABILITY TO TAKE PHYSICAL EDUCATION, OR IF SHE/HE IS PLACED ON A REGULAR MEDICATION, (Educ. Code No. 49423) IT IS THE PARENTS' RESPONSIBILITY TO NOTIFY THE SCHOOL. PLEASE REQUEST FORMS AS NEEDED IF EITHER SITUATION EXISTS Family Members (Including Parents/others living in the home) Name Sex Birthplace Birth Date Relationship to Occupation or Occupatio	–					ion		
What activity does your child enjoy most? Any other information which might help the school to understand and work with you and your child: IF THERE IS ANY CHANGE IN THE CHILD'S HEALTH WHICH AFFECTS HER/HIS ABILITY TO TAKE PHYSICAL EDUCATION, OR IF SHE/HE IS PLACED ON A REGULAR MEDICATION, (Educ. Code No. 49423) IT IS THE PARENTS' RESPONSIBILITY TO NOTIFY THE SCHOOL. PLEASE REQUEST FORMS AS NEEDED IF EITHER SITUATION EXISTS Family Members (Including Parents/others living in the home) Name Sex Right Date Relationship to Occupation or			•	49				
Any other information which might help the school to understand and work with you and your child: IF THERE IS ANY CHANGE IN THE CHILD'S HEALTH WHICH AFFECTS HER/HIS ABILITY TO TAKE PHYSICAL EDUCATION, OR IF SHE/HE IS PLACED ON A REGULAR MEDICATION, (Educ. Code No. 49423) IT IS THE PARENTS' RESPONSIBILITY TO NOTIFY THE SCHOOL. PLEASE REQUEST FORMS AS NEEDED IF EITHER SITUATION EXISTS Family Members (Including Parents/others living in the home) Sex Birthplace Right Date Relationship to Occupation or								
IF THERE IS ANY CHANGE IN THE CHILD'S HEALTH WHICH AFFECTS HER/HIS ABILITY TO TAKE PHYSICAL EDUCATION, OR IF SHE/HE IS PLACED ON A REGULAR MEDICATION, (Educ. Code No. 49423) IT IS THE PARENTS' RESPONSIBILITY TO NOTIFY THE SCHOOL. PLEASE REQUEST FORMS AS NEEDED IF EITHER SITUATION EXISTS Family Members (Including Parents/others living in the home) Sex Birthplace Birth Date Relationship to Occupation or	•	5 5						
EDUCATION, OR IF SHE/HE IS PLACED ON A REGULAR MEDICATION, (Educ. Code No. 49423) IT IS THE PARENTS' RESPONSIBILITY TO NOTIFY THE SCHOOL. PLEASE REQUEST FORMS AS NEEDED IF EITHER SITUATION EXISTS Family Members (Including Parents/others living in the home) Sex Birthplace Birth Date Relationship to Occupation or	Any other information which is	night heip i	the school to under	stand and work v	with you and your	cniia:		
Name Sey Birthplace Birth Date Relationship to Occupation or	SITUATION EXISTS			·) IF ELLHER		
Nome Nev Birinniace Birin Date -	Fa	mily Member	ers (Including Parent	s/others living in th		Occupation or		
	<u>Name</u>	<u>Sex</u>	Birthplace	Birth Date		•		
					_			
						:		
								
				1		<u> </u>		
Source of History Information				Source of History In	Founation			
Source of History Information				Source of History In	Formation			
Source of History Information Signature of person completing form Parent □Guardian □Other				Signature of person of	completing form	Other		

☐Other _____