Los Alamos Public Schools
"We prepare confident, life-long learners."

Health History

To be completed by parent/guardian when student is registered for school.

Student ______________________________ Date ____________
Last First MI

Birth Date ____/____/______ Gender ☐ Male ☐ Female Grade: ____ School ____________

Student previously attended Los Alamos Public Schools: ☐ No ☐ Yes If yes, years attended: ____________

List names and birthdates of other children in family:

Names	Birthdates	Names	Birthdates

Parent/Guardian: ______________________________
Last First Relationship

Home Phone # ____________ Cell Phone # ____________ Work Phone # ____________

Record of illness and health problems (check disease or health problem) to which student is subject or has had (use back of sheet for comments)

☐ Chicken Pox	☐ Rheumatic Fever	☐ Convulsions/Seizures
☐ Mononucleosis	☐ Heart Disease	☐ Fainting Spells
☐ Diabetes	☐ Asthma	☐ Bladder or kidney
☐ Headaches	☐ Cerebral Palsy	☐ Paralysis/Muscle Weakness
☐ ADHD	☐ Migraines	☐ Juvenile Arthritis

☐ Allergies: Specify types:

Does student have a:		Describe
☐No ☐ Yes	Vision problem	
☐No ☐ Yes	Hearing problem	
☐No ☐ Yes	Speech/Language problem	
☐No ☐ Yes	Learning problem	
☐No ☐ Yes	Severe allergic reaction	
☐No ☐ Yes	Other illness or health problem	
☐No ☐ Yes	Family tendency toward a specific health problem	
☐No ☐ Yes	Is the student receiving any prescribed medication?	
☐No ☐ Yes	Does the student have any unusual reactions to injury or illness?	
☐No ☐ Yes	Has the student had any serious injuries or operations?	
☐No ☐ Yes	Are there any restrictions on the student's participation in school activities?	
☐No ☐ Yes	Are there any restrictions regarding administration of first aid?	

______________________________ ____________
Signature, Custodial Parent/Guardian Date

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Date Received