



JUNEAU SCHOOL DISTRICT STUDENT HEALTH HISTORY

Returning Student
 New student

Student's Full Name _____ Date of Birth ____/____/____

Birth Place _____ Last Teacher _____ Grade ____ Gender: Female Male

Father/Guardian _____ home phone _____ work phone _____ cell _____

Mother/Guardian _____ home phone _____ work phone _____ cell _____

Physician _____ Last Physical exam (date) _____ Dentist _____

Last Juneau School Attended _____ Dates Attended _____

Last School Attended _____ City _____ State _____

****STUDENTS WILL NOT BE ENROLLED WITHOUT A VALID IMMUNIZATION RECORD. THIS IS REQUIRED BY ALASKA STATE LAW.****

Has your child had? Circle and explain	Has your child had? Circle and explain
Recurrent Headache	Asthma
Eye Problem	Epilepsy/Seizures
Ear Problem	Dizziness/Fainting with exercise
Nose Problem	Head Injury/Concussion
Throat Problem	Bone/Joint Injuries
Thyroid Disorder	Stomach/Intestinal Problems
Heart Murmur/Heart Disease	Diabetes
Heart Palpitations	Eating Disorder
High/Low Blood Pressure	ADD/ADHD
Anemia/Sickle Cell	Chicken Pox disease / or Immunization (date)
Bleeding Disorders: Hemophilia/Other	Mononucleosis
Hepatitis	Alcohol Abuse
Kidney/Bladder Disorders	Drug Abuse
Pneumonia/Bronchitis	Sexual Assault/Violence
Tuberculosis	Emotional Problems-Specify below*:
Seasonal Allergies/Hay Fever	Other Illness/ Disability:
Past Surgeries/ Hospitalizations (year):	

Other Comments: _____

Allergies (other than medications): _____

Medication Allergies: _____

Medication(s) currently taking at home (Name, dose, time): _____

Medication(s) currently taken at school (Name,dose,time): _____

Parent/Guardian Signature: _____ Date: _____