

JOPPA-MAPLE GROVE UNIT SCHOOL DISTRICT #38



JOPPA HIGH SCHOOL
 911 JOPPA NORTH AVENUE
 P.O. BOX 10; JOPPA, IL 62953
 (618) 543-7589
 FAX 543-9264

MAPLE GROVE ELEMENTARY
 1698 GRAND CHAIN ROAD
 METROPOLIS, IL 62960
 (618) 543-7434
 FAX 543-7486



MEDICAL INFORMATION UPDATE 2018-2019

Student's Name

Last First Middle Date of Birth Sex School Grade Level

HEALTH HISTORY To Be Completed and Signed by Parent/Guardian and Verified by Health Care Provider

		<u>Circle One</u>			<u>Circle One</u>
Diagnosis of Asthma?	Yes	No	Loss of function of one of Paired Organs	Yes	No
Inhaler Required?	Yes	No	(i.e. Eye/Ear/Kidney/Testicle)		
Wheeze/Cough During or After Play?	Yes	No	Hospitalizations	Yes	No
Birth Defects	Yes	No	When? What For?		
Developmental Delays	Yes	No	Surgery (List All	Yes	No
Blood Disorders? Hemophilia, Sickle Cell	Yes	No	When? What For?		
Other? Explain _____			Serious Illness or Injury	Yes	No
Diabetes?	Yes	No	TB Skin Test Positive	Yes	No
Insulin Dependant	Yes	No	Past or Present?		
Head Injury, Concussion, Passed Out	Yes	No	Tobacco Use	Yes	No
Seizures?	Yes	No	Type and Frequency		
What are they like? _____			Alcohol/Drug Use	Yes	No
Heart Problems/Shortness of Breath	Yes	No	Family History of Sudden Death	Yes	No
Heart Murmur/High Blood Pressure	Yes	No	before the Age of 50? (Cause?)		
Dizziness or Chest Pain with Exercise	Yes	No	Dental: Braces Bridge Plate Other	Yes	No
Bone/Joint Problems/Injury	Yes	No	Ear/Hearing Problems	Yes	No
Scoliosis	Yes	No	Eye/Vision Problems	Yes	No
			Glasses Contacts Last Exam		

List Medications Taken on Regular Basis? _____

Is Your Child Allergic to Any Food Products? ____ Yes ____ No

If Yes, Please list (be specific) _____
 require Epi-Pen? ____ Yes ____ No

Information on this form may be shared with appropriate personnel for health and educational purposes

Parent/Guardian Signature

Date