

GALLIPOLIS CITY SCHOOLS

MEDICAL HISTORY

STUDENT'S NAME _____ SEX: Male Female

HOME ADDRESS: _____

PHONE NUMBER: _____ GRADE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

	FATHER	MOTHER
NAME		
WORK PHONE		
CELL PHONE		

Has your child ever been in the hospital? Yes No For how long? _____

What was the reason for hospitalization? _____

Was there anything unusual about your child when he/she was born? Yes No

If yes, please explain. _____

What is your child's general health? Good Fair Poor

If fair or poor, please explain. _____

Is your child allergic to anything? Yes No If yes, what? _____

Date of last visit to the doctor? _____ Date of last visit to the dentist? _____

Has your child had any serious illness or accident in the past year? Yes No

If yes, please explain. _____

Does your child have any skin disease? Yes No

Has your child ever had any of the following diseases?

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Measles (10 Day) | <input type="checkbox"/> Measles, German (3 Day) | <input type="checkbox"/> Meningitis | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Whooping Cough |

Is there anything unusual about your child's eyes?

Does your child wear glasses/contacts? Yes No Hearing Aid? Yes No

Where did your child receive his/her immunizations (shots)?

- Holzer Clinic Gallia County Health Department Pleasant Valley
 Other _____

Parent/Guardian Signature

Date

"The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic Information' as defined by GINA, includes an individual's family medical history, the results of an individual or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services."

(7-17-12)