Sierra County Office of Education SELPA
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P.O. Box 157 - 305 South Lincoln Street
Sierraville, California 96126

Health History Update Form

Student's Name____

Today's Date______________________________

Birth Date____________________________ Age_________________

Grade_____________________________

Have there been any changes to your student's health in the last year?

Yes ___ No ____

Date of last physical exam ______________________

Date of last dental exam_________________________

Does your student wear glasses?_______________________

Does your student take medication? Yes No

Name of Medication(s)

1.) ____

2.) ____

3.) ____

Please **circle** and explain if your student has a history of, or now has the following conditions or concerns.

Asthma

- Mild Moderate Severe (circle one)
- Rescue inhaler at home
- Rescue inhaler with student
- Rescue inhaler in school office

Seizures

- As an infant
- Use medication
- Use emergency plan if happens at school

Physical Limitations

- Special equipment used at home
- Special equipment used at school

Diabetes

- Type I
- Type II

Allergies

- Mild Moderate Severe (circle one)
- Bees/Insects
- Foods ____
- Seasonal Hay Fever
- Medication(s)____
- Other____
- EpiPen at home
- EpiPen at school

Heart Murmur/Disease______________________________________

Other____