Hong Kong International School

HEALTH HISTORY

Please answer the following questions regarding the health history of your son or daughter. In order to best care for your child in the school setting, we need to understand his/her health record. All information will be shared on a 'need to know' basis.

(Student's Name - Last Name, First) _____ (Birth Date - MM/DD/YYYY) _____ Age _____ Grade _____

Were there any complications during gestation or birth? ☐ Yes ☐ No

If yes, please explain _____

Infectious Diseases	Yes	No	Date
Chicken pox			
Measles			
Rubella			
Whooping cough			
Mumps			
Poliomyelitis			
Scarlet fever			
Rheumatic fever			
Tuberculosis			

Health Concerns	Yes (please detail below)	No	Date
Heart Disease			
Diabetes			
Epilepsy			
Recurrent ear infections			
Vision problems			
Speech difficulties			

OUTSIDE EVALUATIONS such as Occupational or Speech Therapy (please give details and dates)

ASTHMA ☐ Yes ☐ No If yes, please list details of triggers and severity

ALLERGIES ☐ Yes ☐ No If yes, please list causes/triggers

ANY MEDICATION (please specify)	**Regular:**
	Intermittent or Emergency:

Infectious Diseases	DATE EACH DOSE WAS GIVEN				
	1ST	2ND	3RD	4TH	5TH
Chicken pox Polio (TOPV-Tri-Oral-Polio-Vaccine)					
Diphtheria, Whooping Cough & Tetanus (DPT)					
Or Tetanus & Diphtheria only (TD)					
Mumps		Some vaccines are available in combination with others such as measles & rubella (M-R) & measles, mumps & rubella (M-M-R). If a student received any combined vaccine, enter the date in each appropriate box.			
Measles					
Rubella					
Hepatitis A					
Hepatitis B					
Tetanus Booster (age 14-16yrs)					
Tuberculosis (BCG)					
Other Inoculations					

Parental Signature _____ Date _____

(Typing name here indicates you agree that the form is complete and accurate)