

NORTHBROOK SCHOOL DISTRICT



Teaching Learning Caring

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Northbrook, IL 60062
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Larry A. Hewitt, Ed.D.
SUPERINTENDENT

Kelly Sculles, Ed.D.
DIRECTOR OF STUDENT SERVICES

Please complete the included health history which will become part of your child's health record at school.

Thank you,

District 28 Health Office Team

Last			First			Middle			Birth Date		Sex	School	Grade Level/ ID	
HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER														
ALLERGIES (Food, drug, insect, other)			Yes	No	List:			MEDICATION (Prescribed or taken on a regular basis.)		Yes	No	List:		
Diagnosis of asthma?			Yes	No				Loss of function of one of paired organs? (eye/ear/kidney/testicle)		Yes	No			
Child wakes during night coughing?			Yes	No				Hospitalizations? When? What for?		Yes	No			
Birth defects?			Yes	No				Surgery? (List all.) When? What for?		Yes	No			
Developmental delay?			Yes	No				Serious injury or illness?		Yes	No			
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.			Yes	No				TB skin test positive (past/present)?		Yes*	No	*If yes, refer to local health department.		
Diabetes?			Yes	No				TB disease (past or present)?		Yes*	No			
Head injury/Concussion/Passed out?			Yes	No				Tobacco use (type, frequency)?		Yes	No			
Seizures? What are they like?			Yes	No				Alcohol/Drug use?		Yes	No			
Heart problem/Shortness of breath?			Yes	No				Family history of sudden death before age 50? (Cause?)		Yes	No			
Heart murmur/High blood pressure?			Yes	No				Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other						
Dizziness or chest pain with exercise?			Yes	No				Information may be shared with appropriate personnel for health and educational purposes.						
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)														
Ear/Hearing problems?			Yes	No				Parent/Guardian Signature		Date				
Bone/Joint problem/injury/scoliosis?			Yes	No										