

New International Student Health History ⁷

Please fill out this form completely

Does applicant have any allergies? ☐ Yes ☐ No

If yes, please list what type of allergies and brief description of reaction:

Animal allergies: _____

Drug allergies: _____

Food allergies: _____

Pollen allergies: _____

Other allergies: _____

Please list any current treatment plan including medications, therapies, and interventions:

Has applicant had any of the following?

- Overnight Hospitalization/Operations ☐ Yes ☐ No

If yes, please explain:

- Emotional, Behavior Problems (e.g., recent family problems) ☐ Yes ☐ No

If yes, please explain: _____

- Serious or Recurring Illness (heart disease, diabetes, epilepsy, orthopedic handicaps, other)

☐ Yes ☐ No

If yes, please explain: _____

- Hearing or Vision Problems ☐ Yes ☐ No

If yes, please explain: _____

Describe any special care or restrictions to be noted by the school nurse: _____

List any illness or health problem(s) which you or applicant's physician feel should be known by the school nurse

Is applicant presently under medical care? ☐ Yes ☐ No

If yes, state reason _____

Please list any current medications (over the counter or prescribed) _____

Has applicant ever had the chicken pox _____ or varicella immunization? _____ (date)

Parent/Guardian Signature: _____ Date _____