

HEALTH HISTORY 2021-2022

Tapestry Charter School, Grades K-4

A parent of guardian **MUST** complete this form.
This is NOT the Physical Exam/Health Appraisal Form.

Student Name _____

Male Female Birth Date _____ Grade _____

Parent/Guardian Name _____

Address _____

Home Phone: _____ Cell Phone: _____ Daytime Work: _____

Has your child ever had?	NO	YES	If, YES, please indicate treatment.
Allergies/Environmental/ Food (please indicate what allergies)			
Anemia			
Bladder/Kidney Problems			
Fainting Spells			
Ear/Hearing Problems			
Headaches			
Frequent Sore Throat			
Head Injury/Concussion			
Fractures/Dislocations			
Skin Rashes			
Chicken Pox			
Asthma			
Arthritis			
Convulsions/Seizures			
Diabetes/Hypoglycemia (low blood sugar			
Eye/Vision Problems			
Contacts/Glasses			
Frequent Stomach Aches			
Frequent Nose Bleeds			
Back/Neck Problems			
Dental Braces/Bridges/Plates/Implants			
Menstruation			Start date: _____
Anxiety/Depression/Emotional Problems			
Learning Disability			
Autism/Asperger's syndrome			

Please explain the details of the items marked "YES" _____

Please list any illness, hospitalizations, operations, or injuries that have not been listed above: _____

I certify the above information provided has been completed to the best of my ability.

Parent/Guardian Name (PRINTED) _____ DATE: _____

Parent/Guardian SIGNATURE _____