Medical History Questionnaire

ALL QUESTIONS TO BE COMPLETED BY PARENT

If you answer YES to any of the following questions, please provide an explanation. May use the back of the page.

Student's Name		Grade		DOB	

	Does your child have a history of any of the following?	**Yes**	**No**
	Unexplained fainting or near fainting	☐	☐
	Chest pain/discomfort on exertion	☐	☐
	Excessive and unexplained	☐	☐
	Heart Murmur (other than innocent murmur)	☐	☐
	High Blood Pressure	☐	☐
2	**Is there a family history of any of the following?**		
	One or more relatives who have died of heart disease before the age of 40? (sudden/unexpected or otherwise)	☐	☐
	Close relative under age 50 with disability from heart disease	☐	☐
	Specific knowledge of certain cardiac conditions in family members, including hypertrophic or dilated cardiomyopathy	☐	☐
	Long QT syndrome, Marfan syndrome, or clinically significant arrhythmias	☐	☐
	If you answer YES to any of the ABOVE questions, your child must receive cardiac clearance		
3	Does your child have any significant medical history?	☐	☐
4	Is your child currently under treatment by a physician for any active medical problem? If you answered YES, please explain below (use back of form if needed)	☐	☐
5	Does your child have a single paired organ(s), e.g., kidney, testicle, vision one eye?	☐	☐
6	Has your child ever been hospitalized?	☐	☐
7	Has your child ever had surgery?	☐	☐
8	Does your child take any medication(s) regularly?	☐	☐
	If yes, list medication(s) and reason(s):		
9	Does your child take any medication(s) at school?	☐	☐
	If yes, list medication(s) and reason(s):		
10	Does your child have any allergies to foods, insects, medications, and/or environmental?	☐	☐
11	Has your child ever been diagnosed with a concussion? If yes, please add the date:	☐	☐
12	Has your child ever tested positive for COVID-19?	☐	☐
13	Is there any other information or health concerns that the school should be aware of to safeguard your child's health? (Please explain, use back of form if needed)		

I understand that the health professional in my child's building will share this confidential information with the school personnel deemed appropriate.

Parent/Guardian Signature:		Date:

Additional Information:

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