

**PRIMARY PREP ELEMENTARY**  
**Yearly Updated Health History**  
 Grade 1-8  
 Returning Students

H3

STUDENT'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

**Please explain responses on back - Update from Past Year ONLY**

1.	Has been medically advised not to participate in any sport, and the reason for such		
2.	Is under a physician's care and the reason for such care		
3.	Has experienced loss of consciousness after an injury		
4.	Has experienced a fracture or dislocation		
5.	Has undergone any surgery		
6.	Takes medication on a daily basis: Name: _____ Reason: _____		
7.	<b>Has allergies:</b> Including hives, asthma, reactions to bee stings or food allergies- Medications used: _____		
8.	Has experienced frequent chest pains or palpitations		
9.	Has a recent history of fatigue or undue tiredness		
10.	Has a history of fainting with exercise		
11.	Has a history of family member having sudden death		
12.	Has a bleeding tendency		
13.	Has had rheumatic fever		
14.	Has a vision defect: wears glasses, wears contacts		
15.	Has a loss or seriously impaired function of a paired organ (eye, ear, testicle, kidney)		
16.	Has had a dental check up by a dentist within the year		
17.	If the child had a dental check up, did the child have cavities		

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date