

DISTRICT SCHOOL BOARD OF PASCO COUNTY STUDENT HEALTH INFORMATION FORM

MIS Form #442 Rev. 10/19

(To be completed for initial registration and for change in health status)

Student	School	Date	
Last Name First	Middle		
Student ID	GradeDOB	Sex: MaleFemale	
Does your child have any of the following health conditions or concerns?			
1. Allergy to any foods, medications, or inse	ects? Yes No	If yes, list	
Reaction:MildSevere	Needs:EpipenBe	nadryl	
2. Asthma or wheezing?Yes	No		
If yes, please indicate if uses nebulizer:	YesNo If yes, how	N often?	
If yes, please indicate if uses inhaler:	YesNo If yes, how	v often?	
3. Diabetes or high/low blood sugar?	Yes No If yes, list me	dication/treatment	
		· · · · ·	
		ation/treatment	
Date of last episode			
5. Recent hospitalization? Yes	No. If yes, reason	Date	
		Date	
6. Heart murmur or history of heart condition	n? Yes No If yes	, explain	
7. Serious burn or broken bone?Y	esNo If yes, explain		
8. Ear infection or draining ear?Ye	sNo If yes, explain		
9. Trouble hearing?YesNo	Wears hearing aid: Yes		
	Should be wearing hearing aid:	YesNo	
10. Trouble seeing?YesNo	Wears glasses or contacts:		
	Should be wearing glasses or co	ntacts:YesNo	
11 Maias baad inium on concursion?			
II. Major nead injury of concussion?	resno ir yes, explain		
12. Kidney or bladder problems? Y	esNo If yes, explain		

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13.	Frequent bed-wetting?YesNo If yes, explain		
14.	Stomach or bowel problems?YesNo If yes, explain		
15.	Trouble sleeping?YesNo If yes, explain		
16.	Hernia or rupture of groin or navel?YesNo If yes, explain		
17.	Trouble with teeth?YesNo If yes, explain		
18.	Anemia or low iron?YesNo If yes, explain		
19.	Attention Deficit Disorder (ADD/ADHD) or hyperactivity?YesNo If yes, explain		
20.	0. Referrals to mental health services by the previous school district?Yes No If yes, explain		
21.	I. Difficulty understanding dangerous situations, wanders or runs away from adults?YesNo If yes, explain		
Plea	ase list any other medicine taken regularly and dosage:		
Are	there any special health procedures that should be followed at school?		
Are	there any limits on your child's participation in physical education or recess activities due to a health condition?		
•	our child is Medicaid eligible, please provide Medicaid number theand name of		
Med	dicaid Insurance Plan		
	Print - Parent/Guardian Name Parent/Guardian Signature Date		