## SHERIDAN PUBLIC SCHOOLS

## STUDENT HEALTH HISTORY

Allergy, specify: Diabetes (date of ons Under M.D. treatme	et):					
Under M.D. treatme	40 D 1 N		Epilepsy (date of onset):			
	nt? Dr's Na					
Asthma:	Yes	No	Ear infections	Yes	No	
Congenital defects, s	uch as cleft	t lip, cleft palate etc				
Ear tubes	Yes	No	Year inserted			_
Injuries:						
Surgery?	Туре					Date
Heart Condition, spe	ecify:					
<u></u>						
		ory, diabetes, tubercul	osis, etc			
Physical restrictions	or health p	problems that may req	uire special seating, batl	ıroom pri	vileges, et	c
Special diet or food r	estrictions	:				
Current medication	s	What			ŀ	low Often
Any other informat	tion regar		alth or well-being, that	you feel	would be	helpful