Roseville Area Schools
Excellence, Innovation & Equity in All We Do

Student Health Information Grades E-12

Student's Name: _____ Birth Date: _____ Grade: _____ Today's Date: _____

Please check all past and current health concerns that apply to this student. Provide details below.

Cardiovascular
- □ Anemia
- □ Bleeding Disorders
- □ Heart Condition
- □ Sickle Cell

Gastrointestinal/Urinary
- □ Celiac Disease
- □ Colostomy
- □ Constipation
- □ Crohn's
- □ Diarrhea
- □ GERD / Reflux
- □ G/J Tube
- □ Irritable Bowel (IBS)
- □ Kidney Condition
- □ Nausea, frequent
- □ Urinary Catheter
- □ Urinary Tract Infections
- □ Urostomy
- □ Vomits easily

Mental/ Behavioral Health
- □ ADHD
- □ Anxiety
- □ Autism (ASD)
- □ Depression
- □ Eating Disorder
- □ Self-harm
- □ Substance Use
  - □ alcohol □ drugs
  - □ smoking □ vaping
- □ Suicide Attempt
- □ Tics
- □ Trauma History
- □ Other Mental, Behavioral, Emotional, or Social Concerns

Musculoskeletal
- □ Bone/Joint Condition
- □ Wheelchair/Mobility Device

Neurological
- □ Cerebral Palsy
- □ Fetal exposure to drugs/alcohol
- □ Headaches / Migraines
- □ Head Injury / Concussion
- □ Seizures
- □ Shunt / Hydrocephalus
- □ Spina Bifida

Respiratory
- □ Asthma
- □ Cystic Fibrosis
- □ Tracheostomy

Vision/Hearing
- □ Ear Infections (recurrent)
- □ Ear/PE Tubes
- □ Eye Condition
  - □ Wears glasses / contacts
- □ Hearing Loss
  - □ Hearing aid / implant

Systemic
- □ Allergies (list below)
  - □ life-threatening/epi-pen
- □ Cancer
- □ Diabetes
  - □ Type 1 □ Type 2
- □ Eczema
- □ Genetic Condition
- □ Hospitalization (in past year)
- □ Lead Poisoning
- □ Medical Device
- □ Premature birth (<35 weeks)
- □ Skin Condition
- □ Sleep Concerns
- □ Special Diet
- □ Student Pregnant / Lactating
- □ Surgical History
- □ Weight / Growth Concerns
- □ Other (describe below)

□ Difficulty accessing medical / dental care

Please provide details for <u>EVERY</u> box checked above, and additional information you would like the Health Office to have.

_____

_____

_____

Student is allergic to:	**Reaction is:**	**Medications taken for reaction:**
_____	_____	_____
_____	_____	_____

Medications – Please list all medications your student takes.

_____

Health Care Provider/Clinic: _____ Clinic Phone: _____

Parent/Guardian Signature: _____ Date: _____

Relationship to Child: _____ Parent Phone: _____

District Center • 1251 County Rd B2 West • Roseville, MN 55113-3299
PHONE 651-635-1600 • FAX 651-635-1659 • www.isd623.org