



New International Student Health History

Please fill out this form completely

Does applicant have any allergies? Yes No

If yes, please list what type of allergies and brief description of reaction:

Animal allergies: _____

Drug allergies: _____

Food allergies: _____

Pollen allergies: _____

Other allergies: _____

Please list any current treatment plan including medications, therapies, and interventions:

Has applicant had any of the following:

- Overnight Hospitalization/Operations Yes No

If yes, please explain: _____

- Emotional, Behavior Problems (e.g., recent family problems) Yes No

If yes, please explain: _____

- Serious or Recurring Illness (heart disease, diabetes, epilepsy, orthopedic handicaps, other)

Yes No

If yes, please explain: _____

- Hearing or Vision Problems Yes No

If yes, please explain: _____

Describe any special care or restrictions to be noted by the school nurse _____

List any illness or health problem(s) which you or applicant's physician feel should be known by the school nurse

Is applicant presently under medical care? Yes No

If yes, state reason: _____

Please list any current medications (over the counter or prescribed): _____

Has applicant ever had the chicken pox? _____ or varicella immunization? _____ (date)

Parent/Guardian Signature: _____ Date: _____