Students Name		

Personal	Health	History
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*Date of Birth	/	/	
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1.	() () Vision Difficulty, Eye Disorders	20. ()	() B	Blood Clotting Disorder	37.	() () MRSA
2.	() () Ear Trouble/ Hearing difficulty	21. ()	() A	nemia	38.	() () Cancer
3.	() () Seasonal Allergies	22. ()	() Di	abetes	39.	() () Rheumatoid Arthritis
4.	() () Chronic Sinusitis	23. ()	() C	onstipation	40.	() () Broken Bones
5.	() () Thyroid Disorders	24. ()	() S	Stomach Ulcers	41.	() () Sprains /Dislocations
6.	() () Repeated Ear Infections	25. ()	() Cl	nronic Diarrhea	42.	() () Concussion
7.	() () Pneumonia	26. ()) Ul	cerative Colitis/Crohn's	43.	() () Back problems
8.	() () Mono	27. ()) Liv	ver Disease/Hepatitis	44.	() () Fainting episodes
9.	() () Asthma	28. ()) Ki	dney Disorders	45.	() () Seizure disorder
10.	() () Irregular Heart Beat	29. ()	() BI	adder Infections	46.	() () Migraine headaches
11.	() () Congenital Heart Defect	30. ()) Pe	elvic Infection/Pain	47.	() () Other physical disorders
12.	() () Heart Murmur	32. ()) Irr	egular Menstrual	48.	() () Alcoholism
13.	() () Rheumatic Heart Disease	33. () () He	ernia	49.	() () Drug dependency
14.	() () Heart Disease (under age 50)	34. ()) Pi	lonidal Sinus/Cyst	50.	() () Depression
15.	() () High Blood Pressure	35. () () Ski	n Disorders: (Please Circle)	51.	() () Anxiety
16.	() () Repeated Strep Infections			Ecz	ema/Psoriasis/ Severe Acne/	52.	() () Eating Disorder
17.	() () Tooth /Gum Disease			Oth	er	53.	() () Other Psychological
18.	()	() Stroke	36. () () Au	tism Spectrum Disorder				
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