

**Pontiac Community Consolidated School District #429**  
**Medical History Questionnaire – 2009-10 School Year**

**Student** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Birthdate** \_\_\_\_\_ **Grade** \_\_\_\_\_

Please Explain All Questions Answered "Yes"

Yes No Premature Birth \_\_\_\_\_ Birth Weight \_\_\_\_\_

Yes No Birth Defects \_\_\_\_\_

Yes No Asthma \_\_\_\_\_ Treatment \_\_\_\_\_

Yes No Other breathing problems \_\_\_\_\_

Yes No Frequent earaches/infections \_\_\_\_\_

Yes No Known hearing problems \_\_\_\_\_ Correction \_\_\_\_\_

Yes No Known vision problems \_\_\_\_\_ Wears correction \_\_\_\_\_

Yes No Heart condition \_\_\_\_\_ Treatment \_\_\_\_\_

Yes No Diabetes \_\_\_\_\_ Date of onset \_\_\_\_\_

Yes No Seizure disorder \_\_\_\_\_

Yes No Chronic/ongoing illness \_\_\_\_\_

Yes No Serious injuries \_\_\_\_\_

Yes No Surgeries \_\_\_\_\_

Yes No Allergies (specify) \_\_\_\_\_

Yes No Restrictions in diet \_\_\_\_\_

\*A doctor's order is needed every year

Yes No Restrictions in activity \_\_\_\_\_

\*A doctor's order is needed every year

Yes No Does child have any other condition/disability not listed in the above categories?  
\_\_\_\_\_

Yes No Medication taken regularly (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Any medications taken at school need a "Request for Administration" form completed

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_