BURROUGHS
JOHN BURROUGHS SCHOOL

2010/2011

Student: _____ Grade: _____

Medical History

Please check Yes or No to the following questions. If you answer yes, please provide an explanation on a separate sheet if necessary.

		Yes	No
1	Have you ever had a serious medical problem requiring surgery, hospitalization or prolonged treatment by a doctor?		
2	Do you take any medication of any type? (**PLEASE LIST ON BACK PAGE**)		
3	Have you ever had a serious allergic reaction to anything? (**PLEASE LIST ON BACK PAGE**)		
4	Have you ever had seasonal allergy problems such as hay fever, asthma, or eczema?		
5	Do you have any form of asthma that requires medication or inhalers?		
6	Do you have difficulty breathing or wheezing during or shortly after exercising?		
7	Have you ever had a heart murmur, racing heart or irregular heart beat?		
8	Have you ever been dizzy or passed out during exercise or any other time?		
9	Has any family member ever had a heart attack or died suddenly before age 50?		
10	Do you ever have chest pain or tire more easily than others while exercising, or any other time?		
11	Have you ever suffered heat related problems such as heat cramps, severe headache, dizziness, or passing out?		
12	Have you ever had a significant injury such as a sprain, fracture or dislocation to a bone or joint?		
13	Have you ever had a concussion or been knocked unconscious?		
14	Have you ever had a seizure?		
15	Have you ever had burning pain, numbness, or tingling in your arms or legs associated with any physical or athletic activity?		
16	Is there any other medical or family history which might be important?		
17	Have you ever been taken out of or kept from participating in a sports activity or practice for an injury or physical reason?		
18	Have you ever required taping, padding, or bracing before an athletic event?		
19	Do you have damage or absence of one of any paired organs (i.e. kidney, testicle, eye, etc)?		
20	Do you have any skin problems (rash, itching)?		
21	In the last year how much weight have you gained or lost? _____		
	For Females Only:		
22	What is the date of your last menstrual period? _____		
23	In the last year have you gone for three months or more without a period?		

JBS Immunization Record (UPDATED)

DPT	POLIO	MMR	HEP B	PPD/TB*
1	1	1	1	1
2	2	2	2	2
3	3		3	**Tdap Booster**
4				1
5				2

***PPD/TB Test REQUIRED BY JOHN BURROUGHS SCHOOL for 8TH GRADERS for service projects throughout the year.**