

Cincinnati State STEM Academy Student Health History

Student's Last Name _____ First _____ Middle _____ DOB _____

I. Health Conditions-please check all that apply to your child

- | | | |
|--|--|--|
| <input type="checkbox"/> Abdominal Spinal Curvature (scoliosis, etc) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> ADHD ADD | <input type="checkbox"/> Diarrhea/Constipation (chronic) | <input type="checkbox"/> Rheumatic Fever |
| <input type="checkbox"/> Allergies-Food*** | <input type="checkbox"/> Eating Problems | <input type="checkbox"/> Seizures Epilepsy |
| <input type="checkbox"/> Allergies-Medication | <input type="checkbox"/> Ear Infection (frequent) | <input type="checkbox"/> Skin Rashes (frequent) |
| <input type="checkbox"/> Allergies-Other _____ | <input type="checkbox"/> Eczema | <input type="checkbox"/> Stool Soiling |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Headaches (frequent) | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hearing Aids | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Behavior Problems | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Throat Infection (frequent) |
| <input type="checkbox"/> Birth or Congenital Malformation | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Tics/Nervous Twitches |
| <input type="checkbox"/> Cancer-Type _____ | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Urinary Tract Infections |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Wetting (day/night) |

Explain checked item/reactions:

II. Vision & Hearing

Frequent ear infections? [] Yes [] No Left Right Both How Often? _____

Hearing problems? _____ When? _____ Ear Tubes? _____

Wears glasses? _____ Reason _____ Date of Last Eye Exam _____

III. Injuries & Illness-Please list any sever injuries or illness:

<u>Injuries/Illness</u>	<u>Child's Age</u>	<u>Hospitalization</u>
_____	_____	_____
_____	_____	_____

Comments: _____

IV. Additional Information

What medications are given daily or frequently? _____

Does your child see the doctor for a chronic medical condition [] Yes [] No

If yes, please complete the following:

Medical Condition _____ Doctor's Name _____

What medications are given daily? _____

What medications are given frequently, but not daily? _____

When did your child last see the doctor for this condition? _____

**If your child requires any medication during the school day (prescription or over the counter), see the STEM Administration office. There are forms that must be completed for medication to be dispensed during school hours.*

Doctor's Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Date of last physical exam: _____ Doctor Clinic: _____

Date of last dental exam: _____ Dentist Clinic: _____

This child is usually: [] Very Active [] Normally Active [] Inactive

IV. Additional Information

Do you have other comments or concerns about this child's health, development, behavior, family or home life that you would like the school to be aware of? If yes, explain briefly. _____

Has your child ever been evaluated for:

- Speech Language Impairment
- OT/PT (Occupational or Physical Therapy)
- LD/SLD (Learning Disability/Specific Learning Disability)
- CD (Cognitive Disability)
- MD (Multiple Disabilities)
- ED (Emotional Disabilities)

Form completed by: _____

Relationship to child: _____

I (do/do not) give my permission for the STEM staff to share this confidential information as needed for the benefit of my child's health and educational needs, except the following conditions:

Signature

Date

Phone

Immunization Summary for Child Care, Head Start, Pre-School and School Attendance Ohio

VACCINES	FALL 2013 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
<p>DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis</p>	<p><u>K</u> Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required.*</p> <p><u>1-12</u> Four (4) or more of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.</p> <p><u>Grades 7-10</u> One (1) dose of Tdap vaccine must be administered prior to entry.**</p>
<p>POLIO</p>	<p><u>K-3</u> Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4th birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.***</p> <p><u>Grades 4-12</u> Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.</p>
<p>MMR Measles, Mumps, Rubella</p>	<p><u>K-12</u> Two (2) doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.</p>
<p>HEP B Hepatitis B</p>	<p><u>K-12</u> Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.</p>
<p>Varicella (Chickenpox)</p>	<p><u>K-3</u> Two (2) doses of varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after first dose, it is considered valid.</p> <p><u>Grade 4-7</u> One (1) dose of varicella vaccine must be administered on or after the first birthday.</p>

NOTES:

- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedules for Persons Aged 0 Through 18 Years* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
- *Recommended DTaP or DT minimum intervals for Kindergarten students: four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4th birthday, a sixth dose is recommended, but not required.
- Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- **For 7th-10th grade: If one dose of Tdap was part of the initial series, another dose of Tdap will not be required. For students in 9th or 10th grade, one dose of Td (Tetanus and diphtheria) is acceptable. Tdap can be given regardless of the interval since the last tetanus- or diphtheria-toxoid containing vaccine.
- ***The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.
- For additional information please refer to the Ohio Administrative Code 5101:2-12-37 for Child Care, Head Start, Pre-School and the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at www.odh.ohio.gov, Immunization: Required Vaccines for Childcare and School). These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

Immunization Summary for Child Care, Head Start, Pre-School and School Attendance Ohio (continued)

VACCINES	<i>FALL 2013</i> IMMUNIZATIONS FOR CHILD CARE/HEAD START AND PRE-SCHOOL ATTENDANCE
DTaP/DT Diphtheria, Tetanus, Pertussis	Four (4) doses of DTaP or DT, or any combination.
POLIO	Three (3) doses of OPV or IPV or any combination of OPV or IPV.
MMR Measles, Mumps, Rubella	One (1) dose of MMR administered on or after the first birthday.
Hib <i>Haemophilus</i> Influenzae Type b	Three (3) or four (4) doses depending on the vaccine type, the age when the child began the 1 st dose and the last dose must be after 12 months. <i>or</i> One (1) dose if given on or after 15 months of age.
HEP B Hepatitis B	Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.
Varicella (Chickenpox)	1 dose of Varicella administered on or after the first birthday.

Notes:

- Vaccine doses are only considered valid if administered according to the most recent version of the *Recommended Immunization Schedules for Persons Aged 0 Through 18 Years* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices.
- Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information please refer to the Ohio Administrative Code 5101:2-12-37 for Child Care, Head Start, Pre-School and the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at www.odh.ohio.gov, Immunization: Required Vaccines for Childcare and School). These documents list required and recommended immunizations and indicate exemptions to immunizations.
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