

**BRENHAM HIGH SCHOOL
STUDENT HEALTH HISTORY**

Student's Name _____ **Grade** _____

Present Address _____

Name of Parent/Guardian _____

Address of Parent/Guardian _____

Phone Number: Work _____ **Home** _____

Family Physician _____ Phone # _____

Health History: (Please give date where applicable and if known)

Surgery (Within last year) _____
(type of surgery) (date)

Emotional Problems (Hyperventilation, Hysteria, etc.) _____

Serious Medical Problem(s) _____

RheumaticFever _____ Diabetes _____ Epilepsy _____

Date of last Tetanus Booster _____ Allergies _____

Allergy to drugs (Specify -- Penicillin, Insulin, etc.) _____

Any special health problems in the past? _____ Type of health problem _____

Medication(s) student is on (i.e.: anti-convulsive, anti-histamine, insulin, tranquilizers, etc.) _____

Is student under medical treatment at present? _____ Reason _____

Insurance Company _____

Policy/Group # _____