

# **Hollister R-V School District**

## **STUDENT HEALTH INVENTORY**

Date: \_\_\_\_\_

Your child's learning depends upon good health. To assist in providing health services at school, please complete and return health inventory. Please contact your school nurse with any additional concerns or information.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian(s) \_\_\_\_\_ Contact Number \_\_\_\_\_

Doctor's name \_\_\_\_\_ Date of last physical \_\_\_\_\_

Does student have: Private health insurance? Yes No  
 Medicaid or MO HealthNet? Yes No ID# \_\_\_\_\_  
 Self-pay or No Insurance? Yes No

Jordan Valley School Based Health Clinic (SBHC) is available for **ALL** Hollister students. Their services include medical, dental and vision care.

- Yes, I am interested in my child being treated by Medical, Eye, or Dental bus. **Please send home consent form.**
- No, I am not interested in my child being treated by the Medical, Eye, or Dental bus.

**DOES YOUR CHILD HAVE:**

**Food Allergy:** Yes No Please list: \_\_\_\_\_  
 Has the allergy required emergency action in the past? No/Yes  
 Describe reaction: \_\_\_\_\_

**Bee Sting Allergy:** Yes No Describe reaction: \_\_\_\_\_  
 Any difficulty breathing? No/Yes Need emergency medication? No/ Yes

**Asthma:** Yes No Triggered by \_\_\_\_\_  
 Treatments \_\_\_\_\_  
 Inhaler for school use: No/Yes

**Epilepsy/Seizure:** Yes No Describe Seizure \_\_\_\_\_  
 Date of last seizure \_\_\_\_\_ Medication \_\_\_\_\_  
 Is student currently under a doctor's care for seizures? No Yes

**Diabetes:** Yes No Takes insulin? No/Yes Date diagnosed: \_\_\_\_\_

**Heart condition:** Yes No Describe \_\_\_\_\_

**Muscle/Bone Problem:** Yes No Describe \_\_\_\_\_

**Eyes:** Student should wear glasses to see the following (please circle): reading far away or reading close

**Ears:** frequent infections? tubes? hearing difficulty (explain) \_\_\_\_\_

**ADD/ADHD:** Yes No Medications given at home \_\_\_\_\_ At School \_\_\_\_\_

Please List Medication: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



\*Please contact Nurse with any additional questions or concerns @ 417-243-4015.