

## Health Card

### NEVADA STATE HIGH SCHOOL

Last Name	First Name	MI	Student Number	Grade	Birthdate	Sex
Guardian Last Name	Guardian First Name	MI	Home Phone	Work Phone	Other Phone	School Year

**CURRENT HEALTH PROBLEMS (Please Check Any That Apply) (\*Must have a medical diagnosis)**

<input type="checkbox"/> Asthma/Airway Disorder*	<input type="checkbox"/> Visual Impairment*	Explain any health problems checked:
<input type="checkbox"/> Blood Disorder*	<input type="checkbox"/> Hearing Aid (R) or (L)	
<input type="checkbox"/> Food Allergy To:	<input type="checkbox"/> Hearing Loss	
<input type="checkbox"/> Medication Allergy To:	<input type="checkbox"/> ADD/ADHD*	
<input type="checkbox"/> Potentially Severe Reaction To:	<input type="checkbox"/> Cancer	
<input type="checkbox"/> Environmentally Hypersensitive To:	<input type="checkbox"/> Neurological Disease*	
<input type="checkbox"/> Diabetes*:	<input type="checkbox"/> Muscular Disease*	
<input type="checkbox"/> Seizures/Type*:	<input type="checkbox"/> Orthopedic Problem	
<input type="checkbox"/> Genetic Syndrome*:	<input type="checkbox"/> Heart Problem*	
<input type="checkbox"/> Glasses/Contacts*:	<input type="checkbox"/> Other or exempt from screening:	

Able to take P.E.? <i>(Circle One) Yes or No</i> (Must provide medical documentation regarding limitations) Is your child under a doctor's care for any circled problem? <i>(Circle One) Yes or No</i> If yes, Doctor's Name _____ Is your child receiving Medications? <i>(Circle One) Yes or No</i> If yes, list medications: _____ _____	Last School Attended: _____  <hr/> <div style="display: flex; justify-content: space-between;"> <span><i>Parent Signature</i></span> <span><i>Date</i></span> </div>
Is medication needed at school? <i>Circle One) Yes or No</i>	