



THE CANTERBURY EPISCOPAL SCHOOL
1708 N. Westmoreland Rd. ▪ DeSoto, TX 75115
(972) 572-7200 Fax: (972) 572-7400

2010/2011 Required School Health Form

To be completed by Parent or Guardian.
If the child has ever had a history, please mark 'yes' and provide dates.

Please Print or Type

Student Name: _____ **Grade:** _____

MEDICAL HISTORY: _____

Yes No

- Bleeding Tendency
- Head Injury, Seizure, Unconsciousness,
Concussion or Convulsions
- Headaches / Dizziness
- Asthma / Chronic Lung Disease
- Hernia
- High Blood Pressure
- Diabetes
- Neck Injury
- Bone and/or Joint Disease
- Heart Disease / Murmur Type: _____
- Kidney, Lung, Testicle or Eye
Removed or Non-functioning _____
- Allergic to any Medication _____
- GE Reflux / Stomach Disorders
- Hepatitis
- Rheumatic Fever
- Skin Disease
- Contact Lens or Glasses
- Is student taking medicine regularly? If "yes",
please specify name of drugs and reason:

Yes No

- Now Under Physician's Care
Name of Physician: _____
- Dental Exam: Date _____
Name of Dentist: _____
- Allergy 1) Food _____
2) Medicine _____
3) Environmental _____
- Tuberculosis
- Sickle Cell Anemia
- Kidney Disease / Urinary Tract Diseases
- Emotional (Psychological) Disturbance
1) ADHD _____
2) Eating Disorder _____
3) Depression _____
- Had a Surgical Operation? Date: _____
Type of Anesthesia: _____
- Has Had Chicken Pox? Date: ___ / ___ (month/year)
- Is He/She wearing any removable Dental
Appliance (Bridge, Plate, Retainer)?
- Do you know of any reason why there should
be limits in his / her participation in any sport?
- Other _____

DATE OF LAST TETANUS: _____

Parent or Guardian Signature

Date