Murrieta Valley Unified School District

Student Health History Form

LAST NAME	FIRST NAME	MIDDLE NAME	Grade	Sex M/F	Date of Birth

Please check any health problems and/or medications your child requires at school or home. If medication is taken at school, written parent & physician authorization must be on file and renewed annually. Inhalers are allowed to be carried if student is able to demonstrate proper administration, safety and knowledge of medication and parent and physician permission and authorization are on file and renewed annually. (PLEASE EXPLAIN ANY CONDITIONS BELOW)

ZAA - No Known Health Problems	ZCB - Cardiac Problem - PE Restriction (Explain)	ZHI - Hearing Impaired (Explain)
ZAB - Anxiety/Emotional Disorder (Explain)	ZCD - Cardiac Problem - No Restriction	ZHM - Hemophilia - (Limitations?) (Explain)
ZAD - Attention Deficit Disorder - Takes Meds	ZCP - Cerebral Palsy	ZKT - Kidney Disorder <i>(Explain)</i>
ZAE - Attention Deficit Disorder - Takes No Meds	ZCV - Color Blindness	ZLX - Latex Allergy
🗌 ZAI - Autism	ZCF - Cystic Fibrosis	ZMC - Menstrual Cramps (Meds at School?) (Explain)
ZAL - Allergies - Seasonal	ZDD - Down Syndrome	ZMH Medication taken at Home? (Explain)
ZAR - Arthritis - (Limitations?) (Explain)	ZDI - Diabetes - Type 1 - Insulin @ School (Explain)	ZPE - PE Restriction (Needs Dr.'s Note)
ZAS - Asthma-mild - No Meds at School	ZDN - Diabetes - Type 2	🗌 ZSB - Spina Bifida
ZAT - Asthma-Carries Inhaler - Need Med Auth	ZEA - Eating Disorder (Explain)	ZSC - Scoliosis
ZAU - Asthma-Inhaler - Kept in Health Office	ZFA - Food Allergy (Explain)	ZSE - Seizure Disorder/Epilepsy (Type/frequency)
ZBB - Bee Sting Allergy - Has Epi-Pen	ZGD - Genetic Disorder (Explain)	ZTR - Tourette Syndrome
ZBE - Bee Sting Allergy - No Meds at School	ZGI - Gastrointestinal Problems (Explain)	ZVI - Visually Impaired, Blind
ZBL - Blood Disorder (Explain)	ZGR - Growth Disorder <i>(Explain)</i>	ZZZ - Other
ZBP - High Blood Pressure (Restrictions?)	ZHD - Previous Head Injury (When?)	
ZCA - Cancer/Leukemia (When?)	ZHE - Headaches/Migraines (Medications?)	

Explanation:

Medication (types and doses): _______Need to be taken at School? No Yes (Dr.'s Authorization Required)

Date: _____

Murrieta Valley USD School Year _____

Health information is confidential and is shared with staff on a need to know basis. Please contact the school nurse if you have any questions.

Parent/Guardian Signature: _

Signature of parent/guardian is required for emergency treatment, verification of health concerns and permission to share information with appropriate staff. Please notify the school of any changes to this document.

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