Guilderland
CENTRAL SCHOOL DISTRICT

Health History Form **School Year:_____**

(Parent/Guardian: The purpose of this form is to identify problems that may affect learning for the student. You may choose not to answer any question. The details you provide in this form help the nurse understand the necessary precautions and procedures to safeguard your child's well-being at school and promote their academic achievements.)

Student's Name: _____ Date of Birth: ____/____/____ Grade: ____

Check any of the following current or past **medical diagnoses** for your child.

- ☐ Allergies (food, insect, drug)
- ☐ Asthma
- ☐ Bleeding Disorder
- ☐ Cancer
- ☐ Cardiovascular disease
- ☐ Concussion / head injury
- ☐ Diabetes
- ☐ Headache disorder
- ☐ Hearing problems
- ☐ Kidney disease
- ☐ Life changing event / accident
- ☐ Mental Health
- ☐ Monorchism
- ☐ Nerve / Muscle Disease
- ☐ Orthopedic disorder
- ☐ Seizure disorder
- ☐ Surgery
- ☐ Syncope
- ☐ Vaccine preventable disease
- ☐ Vision problems
- ☐ Other health problem

Explain any check mark and provide age of diagnosis:

_____

_____

_____

_____

_____

_____

Does your child take any medication(s) prescribed or over the counter?

Name:_____ For treatment of: _____ Dose: _____ Frequency:_____

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Dominic Murray Sudden Cardiac Arrest Prevention Act, effective July 1, 2022

Sudden cardiac arrest (SCA) is a rare but devastating event that is defined as an abrupt interruption of the heart's electrical system, resulting in the cessation of the heartbeat. It can affect students participating in any sport, activity, or age group. While most activity-related cardiac arrests are caused by inherited heart defects, SCA can also occur after an illness causing heart inflammation or a direct chest impact.

What can you do as a parent:

- Know the warning signs and risk factors.
- Regularly ask your children if they've experienced them
- Be familiar with your extended family's heart history
- Answer and review the below screening questions
- Report warning signs and heart history to your provider

Has your child ever experienced or complained of:

- ⬜ Syncope or seizure during / after exercise
- ⬜ Racing heart, palpitations, or irregular heartbeat
- ⬜ Dizziness or lightheadedness with exercise
- ⬜ Chest pain or discomfort with exercise
- ⬜ Has your child's doctor ever conducted a heart test (ie:ECG, echocardiogram, stress test)?

Has any individual in your family who has been diagnosed with the following medical conditions:

- ⬜ Enlarged, hypertrophic or dilated cardiomyopathy
- ⬜ Arrhythmogenic right ventricular cardiomyopathy
- ⬜ Heart rhythm problems, long or short QT interval
- ⬜ Brugada syndrome
- ⬜ Catecholaminergic ventricular tachycardia
- ⬜ Marfan syndrome (aortic rupture)
- ⬜ Heart attack at age 50 or younger
- ⬜ Pacemaker or implanted cardiac defibrillator

Does your family have any history of:

- ⬜ Known heart abnormalities or sudden death before age 50
- ⬜ Structural heart abnormality that is repaired or unrepaired
- ⬜ Unexplained syncope, seizures, drowning, near drowning or car accident before age 50

It is important to note that **modifiable risk factors** include the use or consumption of diet pills or appetite suppressants, performance-enhancing supplements, energy drinks and stimulants such as caffeine.

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Physical Exam: State law requires that your child is immunized and receives a comprehensive physical examination for public school students and students in kindergarten or grades 1, 3, 5, 7, 9, and 11 and at any grade level determined by school administration, at their discretion to promote the educational interests of the student. It is advised that you have your family doctor conduct the child's physical examination. In cases where documentation of a private physician's physical is not provided, the school district will arrange for a health appraisal by the school physician for all students.

Date of child's last physical exam: _____

Primary Care Provider: _____ Phone #: _____

Other providers / physicians / specialists: _____

Medications: If your child requires medication during school hours, including epipens, inhalers, or over-the-counter medications, please reach out to the school nurse to obtain the necessary medication permission forms. It is important to note that your child can only carry medications if they have received medical authorization and if it is developmentally suitable. Additional forms are required as well.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____

Date _____

Altamont Elementary
Sandra Stewart, RN
(518) 861-8528

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Mary Zwagerman, RN
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