The Putney School SUMMER ARTS
(802) 387-6297 T • (802) 387-6216 F • summer@putneyschool.org • summer.putneyschool.org

2017 STUDENT HEALTH HISTORY

(completed by parent/guardian)

Student Name: _____ Date of Birth (month/day/year): _____

Drug Allergies: _____ ❑ No Known Drug Allergies

Other Allergies: _____

Epi-pen: Yes/No Inhaler: Yes/No

Please note that it is recommended that students bring two epi-pens and/or inhalers; one to have on them, one to store in Health Services.

Current Medications: _____

(in addition to listing here, please have prescriber fill out the Prescription Medication Instructions)

Does or has your child ever:	YES	NO	If yes, please explain and include dates
Had an ongoing medical condition?	❑	❑	
Seen a medical specialist?	❑	❑	
Had an allergic reaction?	❑	❑	❑food ❑environmental ❑insect ❑medication ❑ other
Been hospitalized or had surgery?	❑	❑	
Had a concussion or serious head injury?	❑	❑	
Lost consciousness or "passed out"?	❑	❑	
Had a seizure/epilepsy?	❑	❑	
Been identified or treated for substance abuse?	❑	❑	
Exhibited suicidal tendencies?	❑	❑	
Exhibited self-harming tendencies?	❑	❑	

Check all that apply to your child and provide details below:

❑ ADHD/ADD
❑ Anemia
❑ Anxiety
❑ Asthma (inhaler yes/no)
❑ Other: _____

❑ Chronic headaches/migraines
❑ Counseling
❑ Depression
❑ Eating/body image disorder
❑ Other: _____

❑ Severe menstrual cramps
❑ Seasonal allergies
❑ Sleep difficulties
❑ Stomachaches/digestive issues
❑ Other: _____

Notes on items checked above:_____

_____

(continue on back)

The Putney School, Health Services
418 Houghton Brook Road ■ Putney, VT 05346
healthoffice@putneyschool.org ■ 802.387.6221 T ■ 802.387.6228 F

Student Name: _____

Vermont State Immunization Requirements for School Entrance/Attendance **(PLEASE PROVIDE DATES FOR THE FOLLOWING)**				
Diphtheria, Tetanus & Pertussis (DTap) - 5 doses required				
1	2	3	4	5
Tdap Booster - 1 dose required				
1				
Polio (IPV/OPV) - 4 doses required				
1	2	3	4	
Hepatitis B (Hep B) - 3 doses required				
1	2	3		
Measles, Mumps & Rubella (MMR) - 2 doses required				
1	2			
Varicella (Chickenpox) - 2 doses or date of disease (month & year) **required**				
1	2			
Meningococcal (Menactra - e.g.) - 1 dose required for boarders, 2 doses recommended for all				
1	2			
TB Skin Test (Mantoux/PPD) - required for all international students				
Date of Mantoux/PPD:		Interpretation: Positive / Negative		
Other Vaccination:				
Other Vaccination:				

My student is exempt from the following vaccinations: _____
I understand that I must provide a completed Vermont State Vaccination Exemptions Form ❑

Parent Signature: _____ Date**:** _____
By signing this form, I verify that this information is true and complete, to the best of my knowledge

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