



Necesito esta forma en español

# Medical History

Student's Full Legal Name: \_\_\_\_\_  
First Middle Last

AKA \_\_\_\_\_ Gender:  M  F DOB \_\_\_\_\_ Born in USA?  Y  N

## Facts Concerning the Child's Medical History to Which a Physician Should be Alerted

Please indicate if student has had or is currently under treatment for the following conditions

\* = Must provide prescription and physician instructions for necessary medication that may need to be stored and administered while at school.

### Currently Prior

(what age?)

\_\_\_\_\_ Asthma Current inhaler? Y\* \_\_\_\_\_ N \_\_\_\_\_  
\_\_\_\_\_ Diabetes On insulin? Y\* \_\_\_\_\_ N \_\_\_\_\_  
\_\_\_\_\_ Ear/Hearing Problem Type- \_\_\_\_\_  
\_\_\_\_\_ Eye/Visual Problem Type- \_\_\_\_\_  
\_\_\_\_\_ Emotional Problem Type- \_\_\_\_\_  
\_\_\_\_\_ Seizures \_\_\_\_\_  
\_\_\_\_\_ Heart Problem Type- \_\_\_\_\_  
\_\_\_\_\_ Hepatitis Type- \_\_\_\_\_

### Currently Prior

\_\_\_\_\_ Meningitis \_\_\_\_\_  
\_\_\_\_\_ Migrane Headaches \_\_\_\_\_  
\_\_\_\_\_ Muscular Weakness or Paralysis \_\_\_\_\_  
\_\_\_\_\_ Bleeding Disorder Type: \_\_\_\_\_  
\_\_\_\_\_ High Blood Pressure \_\_\_\_\_  
\_\_\_\_\_ Infectious Disease Type: \_\_\_\_\_  
\_\_\_\_\_ Tetanus Shot \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Allergies – Seasonal? \_\_\_\_\_ To food? Type: \_\_\_\_\_ To Medications? Type: \_\_\_\_\_  
Taking Medication for allergies? Y\* \_\_\_\_\_ N \_\_\_\_\_ Type: \_\_\_\_\_ Epi-Pen? Y\* \_\_\_\_\_ N \_\_\_\_\_

**NOTE: Allergy information may be shared with NMIS volunteers. If applicable complete Food Allergy & Anaphylaxis Emergency Care Plan. New Mexico Asthma Action Plan for Schools. Parent Authorization for Over-The-Counter Medications. Prescription Order and Medication Authorization Form.**

### Immunization Information

All new students must provide Immunization Record. All students who have Immunization Exemptions must provide a copy of approved exemption annually.

Check one:

- New student: Immunization Record with all required immunizations complete attached to this form.
- Students with Exemptions: A current and valid approved exemption attached to this form.
- Returning student: Immunization Record is on file at school with all required immunizations completed.

NMIS Nurse Approval of Immunization Compliance

### General Health Information

Please check all that apply:

\_\_\_\_\_ Reactions/allergies to medications or injections? \_\_\_\_\_  
\_\_\_\_\_ Hospitalized for Serious Illness, Surgery or Accidents? \_\_\_\_\_  
\_\_\_\_\_ Use of corrective lenses(glasses or contacts)? \_\_\_\_\_  
\_\_\_\_\_ Use of long-term medications? \_\_\_\_\_  
\_\_\_\_\_ Have you ever been informed of the need to be on antibiotic therapy prior to a dental treatment? What therapy? \_\_\_\_\_  
\_\_\_\_\_ Other health information we should know. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Rehabilitation Act Section 504 or SAT Disclosure: (for students new to NMIS this year only)

- My child currently has a 504 Disability Accommodation Plan
- My child was receiving Student Assistance Team (SAT) support last year – Area of concern: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEW MEXICO INTERNATIONAL SCHOOL**

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