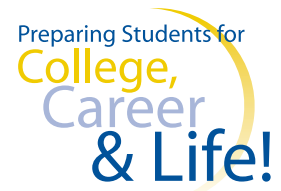




Plymouth Educational Center District

District Offices & Vivian H. Ross Campus
1460 East Forest
Detroit, Michigan 48207
Phone: 313.831.3280 • Fax: 313.831.5766



HEALTH HISTORY FORM

Dear Parent/Guardian:

We would like your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to obtain his/her current health history. Complete this form and return it to the Main Office at PEC – VHR Campus or PEC – Preparatory High School. Please notify the office of any changes during the school year.

Pupil's Name _____ Birthdate _____ Gender _____
Last First Middle

Mother/Guardian _____ Father _____

Child lives with Mother _____ Father _____ Both _____ Other (specify) _____

Address _____ City _____ Zip _____

Phone Number: Home _____ Cell _____ Work _____

Does your child have a health problem? (Check where appropriate)

Asthma Diabetes Dental Vision Anemia Hearing Heart Seizures/Convulsions

Allergies Food Allergies Blood Disorder Cancer Epilepsy Learning Problems

Explain: _____

Date of last physical examination _____

Does your child take medication? Yes No Name of medication(s) _____

Does your child have any restrictions or limitations due to injury? Yes No

Explain: _____

Is there anything more about your child's health that you think is important for us to know?

Explain: _____

Parent/Guardian Signature _____ Date _____