

STUDENT NAME _____

DATE OF BIRTH _____

HEALTH HISTORY – PAGE 1

If your child has had any of the following, please describe and include the dates:

Allergies:

Environmental _____

Food _____

Medication _____

Anemia _____

Sickle Cell _____

Sickle Cell Trait _____

Asthma/Medication Used _____

Cancer _____

Cystic Fibrosis _____

Diabetes/Medication Used _____

Insulin Dependent _____

Heart Disease _____

Heart Surgery _____

Hearing Loss _____

Loss _____ r _____ l _____

Has your child received services for this hearing problem? _____

Chronic Ear Problems _____

Hemophilia/Bleeding Disorders _____

Gastrointestinal Disease _____

Hospitalizations/Operations _____

Reason _____

Vision Problem _____

Loss _____ r _____ l _____

Has your child received services for this vision problem? _____

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HEALTH HISTORY – PAGE 2

Scoliosis _____

Head Injury _____

Concussion _____ Other _____

Serious Injuries _____

Seizure Disorders
Grand Mal _____

Petit Mal _____

Focal _____

Other _____

Illnesses (please circle):

Chicken Pox – Doctor’s verification is needed Measles Mumps German Measles

Rheumatic Fever Pertussis

Is there anything concerning your child’s health that the school should know in order to provide special care?

Yes _____ No _____

If yes, please explain: _____

Please be advised that a yearly examination by your family physician is advisable. Physical examinations are *required* for all *new entrants* and must be dated within 12 months of the date your child enters school.

Physicals are also mandated for students entering Pre-K, Kindergarten, grades 1, 3, 5, 7, 9 and 11. Again, the physical must be dated within 12 months.

These examinations are performed for the purpose of detecting problems in their early stages with the hope of directing attention to them for proper medical treatment.