



Health Form

Date: \_\_\_\_\_

Dear Parent/Guardian: The following information is required so that the school will be adequately informed as to the health of your child. Thank you for your cooperation.

FATHER'S/GUARDIAN'S NAME: \_\_\_\_\_  
Last name First name

MOTHER'S/GUARDIAN'S NAME: \_\_\_\_\_  
Last name First name

CHILD'S NAME: \_\_\_\_\_

SEX: M \_\_\_ F \_\_\_ DATE OF BIRTH: (mm/dd/yy) \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

HEALTH CARE CARD #: \_\_\_\_\_

SECTION 1 – HEALTH HISTORY

Does your child have any of the following?

- 1. Allergies or reactions (e.g. food/medication) ..... yes \_\_\_ no \_\_\_
2. Hay fever, asthma or wheezing/shortness of breath ..... yes \_\_\_ no \_\_\_
3. Eczema or frequent skin rashes ..... yes \_\_\_ no \_\_\_
4. Convulsions or seizures..... yes \_\_\_ no \_\_\_
5. Heart trouble..... yes \_\_\_ no \_\_\_
6. Diabetes ..... yes \_\_\_ no \_\_\_
7. Frequent colds, sore throats, earaches (more than 4)..... yes \_\_\_ no \_\_\_
8. Trouble with urinary or bowel systems ..... yes \_\_\_ no \_\_\_
9. Visual problems (e.g. wears glasses or contacts) ..... yes \_\_\_ no \_\_\_
10. Speech problems ..... yes \_\_\_ no \_\_\_
11. Menstrual problems..... yes \_\_\_ no \_\_\_
12. Orthopedic concerns (e.g. braces, orthotics)..... yes \_\_\_ no \_\_\_
13. Dental concerns ..... yes \_\_\_ no \_\_\_
14. Other \_\_\_\_\_

Comments on any of the above: \_\_\_\_\_

15. Does your child take any medication regularly? ..... yes \_\_\_ no \_\_\_
If yes, what medication? \_\_\_\_\_ Reason: \_\_\_\_\_

**SECTION 2 – IMMUNIZATION**

Has your child had his or her last immunization at this city's health unit?..... yes \_\_\_ no \_\_\_  
If no, please provide all the information requested below:

Previous school \_\_\_\_\_ Grade \_\_\_\_\_

Previous address \_\_\_\_\_  
\_\_\_\_\_

If immunization done by family doctor \_\_\_\_\_  
Doctor's name

Address : \_\_\_\_\_

Please indicate date of immunization by Year/Month/Day

Diphtheria/pertussis/tetanus

Polio

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Measles/Mumps/Rubella

Meningitis (HIB)

\_\_\_\_\_

\_\_\_\_\_

Thank you. This will assist us in locating your child's immunization record and keeping all of the records up to date for your child's best health interest.