

Flemington – Raritan Regional Schools

Special Services Department – Student Health History

Student's Name _____ Grade _____ D.O.B. _____

1. Developmental History – Were there any problems during:

Check:	Yes*	No	*Explanation if “yes”
a. pregnancy			
b. labor and delivery			
c. infant's early months			
d. child's early years			

2. Has your child had any:

Check:	Yes*	No	*Explanation if “yes”
a. serious medical condition			
b. serious illness			
c. serious injuries			
d. hospitalizations			
e. surgery/operation			

3. Has your child had:

Check:	Yes*	No	* Date if “yes”
a. Chickenpox			
b. Hepatitis			
c. Meningitis			
d. Mononucleosis			
e. Pneumonia			
f. Rheumatic Fever			
g. Tuberculosis			
h. Strep			
i. Lyme Disease			
j. Any other communicable disease			Disease - _____ Date- _____

(Continued on back)

4. Does your child have any history of:

Check: Yes No

a. Allergies (medications, food, insect bites, bee sting, pollen, other)		
b. Asthma		
c. Bleeding disorder		
d. Bowel problems		
e. Cardiac (heart) condition		
f. Congenital (birth) defect		
g. Convulsions, epilepsy or seizures		
h. Ear condition or infections, fluid in ear 3 times or more		
i. Eczema, psoriasis or any other skin condition		
j. Genital defect/condition		
k. Hearing problems		
l. Kidney or urinary problems		
m. Muscular problems or diseases		
n. Neurological problems or diseases		
o. Orthopedic problems or diseases		
p. Speech problems		
q. Vision problems, or wear glasses/contacts (reason for glasses/contact and when they are worn)		
r. Any condition currently under the care of a doctor		
s. Any condition for which a doctor has advised student not participate fully in gym		
t. Need to take daily medication		
u. Need to take emergency medication		

Any "Yes" response requires an explanation:

Question No. ___ Explanation _____

Question No. ___ Explanation _____

Question No. ___ Explanation _____

Please list any other information that would further complete the health history for this child.

PLEASE NOTE: Health information will be shared with all employees having a need to know, unless the health office is notified otherwise. Parents/Guardians are responsible for notifying the health office of any changes in the child's health.

Parent/Guardian Signature _____ Date _____

September 2002