

HOLMDEL TOWNSHIP PUBLIC SCHOOLS CONFIDENTIAL HEALTH APPRAISAL QUESTIONNAIRE

Name: _____ Date of Birth: _____

Home Address: _____

School: _____ Grade: _____

Pediatrician: _____

Pediatrician's Telephone Number: _____

Date of Last Examination by Pediatrician: _____

Birth History:

- 1) What was your child's birth weight? _____
- 2) When did the baby leave the nursery? _____ days of age
- 3) Was he/she born with any birth defects? NO _____ YES _____

Past History:

Has your child had:	<u>Date/Year</u>	<u>Complications</u>
Measles	_____	_____
Mumps	_____	_____
Chicken Pox	_____	_____
Rubella (German Measles)	_____	_____
Scarlet Fever	_____	_____
Meningitis	_____	_____
Encephalitis	_____	_____
Prolonged or unexplained high fever	_____	_____
Concussion	_____	_____

Has your child had any of the following:

	<u>Age</u>	<u>Diagnosis</u>
Serious Accident	_____	_____
Broken Bones	_____	_____
Surgery	_____	_____
Hospitalizations	_____	_____
Other Illnesses	_____	_____

Has your child ever had a convulsion (seizure)? NO _____ YES _____

Has your child ever had trouble with hearing? NO _____ YES _____

Has your child ever had trouble with vision? NO _____ YES _____

Does your child wear glasses or contact lenses? NO _____ YES _____

Is your child allergic? NO _____ YES _____

If YES, to what?

Eczema or hives _____

Asthma _____

Medications _____

Is your child presently receiving allergy shots? _____

Is your child taking any medications now? _____

When did your child last see a dentist? _____

Family History:

Have any of the child's parents, grandparents, aunts, uncles, brothers or sisters had:

_____ Seizures	_____ Hay Fever
_____ Diabetes	_____ Heart Disease
_____ Cancer	_____ Anemia or bleeding problems
_____ Tuberculosis	_____ Rheumatic fever

IMMUNIZATIONS RECORDS MUST BE ATTACHED.

Students will not be admitted to school unless
immunizations meet state requirements

Signature of Parent or Guardian _____

Date: _____