

KINGWOOD TOWNSHIP SCHOOL  
STUDENT HEALTH HISTORY

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_ D.O.B.: \_\_\_\_\_

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

1. DEVELOPMENTAL HISTORY - Were there any problems during...

Check one:	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 one:	YES	NO	Explanation if "YES"
a. Serious medical conditions			
b. Serious illness			
c. Serious injuries			
d. Hospitalizations			
e. Surgery/operations			

3. Has your child had...

Check one:	YES	NO	Explanation if "YES"
a. Chickenpox			
b. Hepatitis			
c. Meningitis			
d. Mononucleosis			
e. Pneumonia			
f. Rheumatic Fever			
g. Tuberculosis			
h. Strep			
i. Lymes Disease			
j. Any other communicable disease			Disease: _____ Date: _____

4. Does your child have any history of...

	<i>Check one:</i>	YES	NO
a. Allergies (to medications, food, insect bites, bee sting, other)			
b. Asthma			
c. Bleeding disorder			
d. Bowel problems			
e. Cardiac (heart) condition			
f. Congenital (birth) defects			
g. Convulsions, epilepsy, or seizures			
h. Ear condition or infections, fluid in ear three (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 problem			
q. Vision problem, or wear glasses, contacts (give reason and when worn)			
r. Any condition currently under the care of a doctor			
s. Any condition for which a doctor has advised student not to participate fully in physical education			
t. Need to take daily medications			
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent signature: \_\_\_\_\_

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

Parent name (PRINT): \_\_\_\_\_