

Health History and Physical Examination Form

Parents: In order for your child to register and attend school, this form must be completed, signed, and returned to school.

Please complete this form before taking your child to the doctor.

Child's Name: _____ Date of Birth _____

Address: _____ Home Phone _____

Father's Name: _____ Mother's Maiden Name: _____

School child will be attending _____

Please answer yes or no after each item.

Family history of:

Tuberculosis _____	Cancer _____	Heart Disease _____
Diabetes _____	Thyroid Problem _____	High Blood Pressure _____
Emotional Problem _____	Learning Problem _____	

History of child's illness:

Diabetes _____	Allergies _____	Kidney Problems _____
Seizures _____	Asthma _____	Rheumatic Fever _____
Ear Infections _____	Rubeola (hard measles) _____	Mumps _____
Chicken Pox _____	Whooping Cough _____	Scarlet Fever _____
Strep Throat _____	Infectious Hepatitis _____	Congenital Heart Disease _____
Rubella (German measles or 3-day measles) _____		Other _____

Does your child have problems with any of the following?

Skin _____	Eating _____	Bowels _____
Urination _____	Sleeping _____	Muscles or bones _____
Heart or Lung _____		

If yes, please describe: _____

Has your child had any serious injuries? _____ If yes, please describe _____

Has your child ever been hospitalized? _____ Reason _____

Does your child take any medications regularly? _____

Medication _____ Frequency _____ Reason _____

Does your child wear glasses? _____ Color blind? _____

Has your child ever had a TB skin test? _____ Is so, when? _____ Results _____

Was your pregnancy with this child: Full term _____ Longer _____ Shorter _____

Any illnesses during pregnancy? _____

Any complications at delivery (mother or baby) _____

For the Physician:

This should be a complete physical examination with evaluation of the following:
eyes, ears, nose, mouth, throat, heart, lungs, nutritional status, laboratory work as indicated, any needed immunizations.

Findings:

Medications: _____

Vision:

Right: 20 / _____ Left: 20 / _____

Other: _____

Recommendations:

- _____ recheck child
- _____ further immunization needed
- _____ refer to specialist
- _____ special conference with school personnel
- _____

Date: _____ Signature of Physician _____

NOTE:

Parent is to take this completed form to the school where the child will be attending.