

Hazlet Township Public Schools

Health History (Preschool – 6th Grade)

Student Name: _____ Date of Birth: _____

Health History

1. Did you have any problems during your pregnancy with this child?
If yes, explain _____
2. During labor and delivery, were there any complications? Birth Weight? _____
If yes, explain _____
3. After birth, did your child have any problems?
If yes, explain _____
4. Were there any problems during the first year?
If yes, explain _____
5. Were there any problems with your child's developmental milestones? (i.e. walking, talking, toilet training, etc.) If yes, explain _____
6. Restrictions on physical activity?
If yes, explain _____
7. Medications: _____
8. Does your child have health /dental insurance? _____ Yes _____ No
9. Did your child attend Preschool? If yes, where? _____

Medical History – Please check those that apply with an explanation and date:

Asthma		Lyme Disease	
Chicken Pox		Meningitis	
Dental problems		Mononucleosis	
Drug Sensitivity		Neuromuscular problems	
Fractures/Injuries		Orthopedic (bone) problems	
Frequent ear infections		Pneumonia	
Frequent nose bleeds		Seizures	
Frequent strep throat		Speech problems	
Hearing problems		Surgery	
Heart problems/murmur		Unusual weight loss or gain	
Hepatitis		Vision problems	
Hospitalizations			
Diabetes (Family History of)			

Allergies

1. Allergy: _____
 Explain Reaction: _____
 Allergy Action Plan: _____
 If Epi-Pen is required, provide physician's order and speak with nurse.

2. Allergy: _____
 Explain Reaction: _____
 Allergy Action Plan: _____
 If Epi-Pen is required, provide physician's order and speak with nurse.