

**PELHAM SCHOOL DISTRICT PROCEDURE
JLCA-R1 – HEALTH HISTORY**

**OFFICE OF SCHOOL NURSE
HEALTH HISTORY**

(Incoming new students)

Please fill out and bring with you on the day you register your child.

Print Student's Name: _____

Previous Illnesses: _____

Previous Operation: _____

Speech Problems: _____

Vision Problems: _____

Has child had a vision screening in last year at a doctor's office? No _____ Yes _____

Hearing Problems: _____

History of Ear infections No _____ Yes _____

Tubes Yes _____ Year(s) _____

Has child had a hearing screening in last year at the doctor's office? No _____ Yes _____

Allergies (food, bee stings, medicines, etc.) _____

Does this child have an Rx for an EpiPen No _____ Yes _____

Has your child had Chickenpox? No _____ Yes _____ Year _____

Asthma: _____

Skin Conditions (hives, eczema): _____

Heart Disease: _____

Bloodborne Pathogens (Hep. B/ HIV etc.): _____

Kidney Infection: _____

Diabetes: _____

Convulsions or Seizures: _____

Tuberculosis: _____

Has constipation or diarrhea ever been a problem? _____

Physical Handicaps: _____

Orthopedic problems or restrictions (feet, legs, etc.) _____

Was pre-natal period and birth considered normal? _____

If no, please explain _____

Parent Signature

Date

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Physicians may use a form to document the student's physical at the discretion of the school nurse.

District Policy History:

Adopted: November 22, 2006

Revised: May 2, 2022

Revised: October 07, 2022