

United School District Student Health History

entering grade _____

DOB verification checked by school personnel _____

(Signature) _____

Student Name: _____

(Last)

(First)

(Middle)

Date of Birth _____

Place of Birth _____

Sex _____

Address: _____

Phone Number: _____

Previous School _____

Mother's Information

Mother's Name _____

Maiden Name _____

Birthplace _____

Occupation _____

Employer _____

Work Phone Number _____

Father's Information

Father's Name _____

Birthplace _____

Occupation _____

Employer _____

Work Phone Number _____

Name of person who student lives with, if not residing with both parents:

Name _____

Relationship _____

Sibling Information

Name: _____

Date of Birth: _____

Grade: _____

Lives with student: _____

1. _____

2. _____

3. _____

4. _____

5. _____

Student Medical Information

Medical History (Check if yes and write date)

- | | | |
|------------------------------|---------------------|--------------------|
| ___ Abnormal birth condition | ___ Chicken Pox | ___ Measles |
| ___ Mumps | ___ Diabetes | ___ Speech Problem |
| ___ Rheumatic Fever | ___ Heart Condition | ___ Kidney Disease |
| ___ Seizures | ___ Mononucleosis | ___ Pneumonia |
| ___ Vision Problem | ___ Hearing Problem | |
| ___ Other (specify): | _____ | |

Please specify any of the following conditions your child may have:

Physical Restrictions: _____

Allergies: _____

History of severe allergic reaction: _____

Emotional Problem: _____

Medications: _____

Does your child wear? (please circle) glasses, hearing aid, arm or leg brace, orthopedic shoes, dentures, braces or prosthesis

Please list any other medical information that the School Nurse should be aware of:

*Please attach a copy of your child's vaccine record in order for your child to attend school. The following vaccines are the required vaccines for attendance in Pennsylvania.

Please see the next page for the Pennsylvania Vaccine requirements 

Pennsylvania School Immunization Requirements - Effective August 2017

IMMUNIZE-- Don't wait. Vaccinate

Children in ALL grades (K-12) need the following immunizations for attendance:

- 4 doses of tetanus, diphtheria and acellular pertussis * (1 dose on or after the 4th birthday)
- 4 doses of polio (4th dose on or after the 4th birthday and at least 6 months after the previous dose given)
- 2 dose of measles, mumps, and rubella**
- 3 doses of hepatitis B
- 2 doses of varicella (chicken pox) or evidence of immunity

7th through 12th grade **ADDITIONAL** immunization requirements for attendance:

- 2 doses meningococcal conjugate vaccine (MCV) First dose is given 11-15 years of age; a second dose is required at age 16 or entry into 12th grade. If the dose was given at 16 years of age or older, only one dose is required.
- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap)

*Usually given as DTaP or DTP or DT or Td,

**Usually given as MMR

Exemptions to the school laws for immunizations are:

- medical reasons;
- religious beliefs; and
- philosophical/strong moral or ethical conviction

If your child is exempt from immunizations, he or she may be removed from school during an outbreak.