

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. _____

Please Complete Reverse Side

Student Medical Information

Medical History (Check if yes and write date)

<input type="checkbox"/> Abnormal birth condition	<input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Measles
<input type="checkbox"/> Mumps	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Speech Problem
<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Kidney Disease
<input type="checkbox"/> Seizures	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Pneumonia
<input type="checkbox"/> Vision Problem	<input type="checkbox"/> 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:

Required Immunizations - effective 2010/11 *Either complete or attach a copy of the immunization record.

Vaccine	Date # 1	Date # 2	Date # 3	Date # 4	Date # 5	Date # 6
Tetanus 4 doses (1 dose on or after the 4 th birthday)						
Diphtheria 4 doses (1 dose on or after the 4 th birthday)						
Polio 3 doses						
Measles 2 doses						
Mumps 2 doses						
Rubella 1 dose						
Hepatitis B 3 doses						
Varicella 2 doses (or history of disease)						
Meningococcal 1 dose <i>*7th graders only</i>						
Tdap (if 5 years has elapsed since last tetanus immunization) <i>*7th gr. only</i>						