

Student _____
 (Last name) (First name)

Grade _____

PARENTS: Check the information that applies and add any pertinent information. (Please return completed form by the 1st day of attendance.)

Accidents:

- Serious head injury _____
- Loss of consciousness _____
- Other (specify): _____

Eye Difficulties:

- "Lazy eye" _____
- Glasses or contact lens _____
- Prosthesis _____
- Other (specify): _____

Ear Problems:

- Ear Infections _____
- Tubes _____
- Hearing Loss _____
- Throat infections _____
- Other (specify): _____

Heart Problems:

- Heart murmurs _____
- Congenital heart disease _____
- Rapid heartbeat/palpitations _____
- Other (specify): _____

Respiratory Difficulties:

- Asthma _____
- Bronchitis/pneumonia _____
- Cystic fibrosis _____
- Other (specify): _____

Kidney/Bladder Difficulties:

- Kidney disease _____
- Bladder infection _____
- Enuresis (bedwetting) _____
- Encopresis (fecal soiling) _____
- Undescended (or one) testicle(s) _____

Special Educational Needs: _____

Does any close relative in your family have a history of: (Check and indicate relationship to child.)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Cancer _____ | <input type="checkbox"/> High Blood Pressure _____ | <input type="checkbox"/> Birth Defect _____ |
| <input type="checkbox"/> Anemia _____ | <input type="checkbox"/> Epilepsy _____ | <input type="checkbox"/> Sickle Cell Anemia _____ | <input type="checkbox"/> Heart Disease _____ |
| <input type="checkbox"/> Learning Problems _____ | <input type="checkbox"/> Mental Retardation _____ | <input type="checkbox"/> Other _____ | |

When did your child have a physical examination?

Purpose of examination: routine check-up Illness/Injury (specify): _____
 Date _____ Physician/Clinic _____

Have there been any changes or additions in the family the past year? (For example, health problems, changes in marital status, changes in occupation, new brother or sister, etc.?) Explain: _____

Parent/ Guardian Signature _____

Date _____

Musculoskeletal/orthopedic problems:

- Joint pain or swelling _____
- Limitation of movement _____
- Fractures _____
- Braces/wheelchair/adaptive equipment _____
- Prosthesis _____
- Other (specify): _____

Poor Coordination (specify): _____

Birth Defects (specify): _____

Hospitalizations (specify): _____

- Operations (specify): _____

Illness with high fever (greater than 103°): _____

- Seizures _____
- Staring spells _____
- Tics _____

Allergies (specify): _____

Currently or regularly taking medication _____

Reason _____
 Is medication required in school? _____

Skin Conditions (specify): _____

- Chicken pox _____ Mono _____
- Tuberculosis TB contact _____
- Diabetes _____ Hepatitis _____
- Thyroid disease _____

Speech defect (specify): _____

Emotional problems (specify): _____