**Westampton Township Public Schools**

**Health History Questionnaire**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_

M\_\_\_\_\_\_\_F\_\_\_\_\_\_\_

Last School Attended(Name/Address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH CONDITIONS** (please check all that apply)

\_\_\_\_\_\_ADD/ADHD \_\_\_\_\_\_Kidney Disorders

\_\_\_\_\_\_Asthma (Due to:) \_\_\_\_\_\_Neurological Disorder

 \_\_\_\_\_Allergies \_\_\_\_Exercise \_\_\_\_Illness \_\_\_\_\_\_Past Concussions

 Uses: \_\_\_\_\_\_Inhaler \_\_\_\_\_\_Nebulizer \_\_\_\_\_\_Seizures

\_\_\_\_\_\_Bleeding/Clotting disorder Date of Last Seizure\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Chicken Pox (year\_\_\_\_\_\_\_) \_\_\_\_\_\_Eating/Digestive Disorders

\_\_\_\_\_\_Constipation/Wetting Concerns \_\_\_\_\_\_Skin Disorder

\_\_\_\_\_\_Diabetes \_\_\_\_\_\_Speech Concerns

\_\_\_\_\_\_Ear Infections/Tubes \_\_\_\_\_\_Vision Problems

\_\_\_\_\_\_Frequent/Heavy Nosebleeds \_\_\_\_\_\_Hearing Problems

\_\_\_\_\_\_Heart Problems \_\_\_\_\_\_Other

If you checked any of the above conditions, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ALLERGIES: PLEASE LIST** (food, plants, insects, animals etc.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Requires Epi-Pen: Yes\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOSPITALIZATIONS & ER Visits**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**LIST ALL MEDICATIONS**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Permission is given for routine screening ( Hgt., Wgt., Vision, Hearing, BP, Scoliosis) to be done by the school nurse and medical information to be shared with necessary staff/faculty.

**Signature of Parent/ Guardian Date**