

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:

ALLERGIES: PLEASE LIST (food, plants, insects, animals etc.) _____

Requires Epi-Pen: Yes _____ No _____

HOSPITALIZATIONS & ER Visits _____

LIST ALL MEDICATIONS _____

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