

# PENN HILLS SCHOOL DISTRICT

## Health History and Certificate of Immunization

Student # \_\_\_\_\_

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Home Address \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_

Person with whom pupil lives, if other than parents, give relationship: \_\_\_\_\_

Give significant details of child's medical history. Include serious illnesses, childhood diseases, operations, serious accidents, and handicapping conditions. \_\_\_\_\_

Explain any treatment or medication your child is receiving for allergies, diabetes, epilepsy, etc. \_\_\_\_\_

Does your child have a physical or emotional problem? \_\_\_\_\_ If yes, please explain treatment and by whom. \_\_\_\_\_

Any defect in speech, hearing or vision? Please describe and explain treatment: \_\_\_\_\_

*Pennsylvania State law requires every child attending school, regardless of age, has the basic immunizations. You must show proof of immunizations from doctor or baby book. All dates need to be verified by your physician. For required immunizations, please see reverse side.*

*Immunizations will be reviewed by the nurse in your child's attending building. If the nurse finds discrepancies, she will call you.*

If there is a medical reason why your child should not be fully immunized, please present a certificate from your physician stating the reason. If you object to immunizations for religious reasons, the state requires that you inform the school in writing.

Signed \_\_\_\_\_ Home Phone \_\_\_\_\_

{Parent or Guardian}