



MANHEIM CENTRAL SCHOOL DISTRICT

281 White Oak Road
Manheim, Pennsylvania 17545

(717) 664-8540 FAX (717) 664-8539
www.manheimcentral.org

Health History

Marcy Yeich, CSN
Anya Karlesky, RN
High School
V: 717-664-8422
F: 717-664-8420

Angie Forwood, NCSN
Renee Huhn, LPN
Middle School
V: 717-664-1705
F: 717-664-1859

Kristin Heistand, LPN
Baron Elementary
V: 717-665-8904
F: 717-665-8909

Heidi Stewart, CSN
Kathleen Musser, RN
Doe Run Elementary
V: 717-665-8813
F: 717-665-8819

Last Name First Middle Birthdate Gender (M/F)

Street Address City State Zip

Father's Name Phone Mother's Name Phone

Parent/Guardian with whom child resides (if different from above) Phone

1. Is child under treatment for a skin problem (ex: Psoriasis, eczema)? Yes No
What disorder and what treatment will be needed at school? _____

2. Does child have any allergies to medicine, food, bee stings, pollens, etc? Yes No
If yes, please list: _____

3. Does child have any trouble with his/her eyes or seeing? Yes No
If yes, does child have glasses? Yes No
Will child require special seating in class? Yes No

4. Does child have any trouble with his/her ears or hearing? Yes No
If yes, describe: _____
Does child have hearing aids? Yes No
Will child require special seating? Yes No

5. Does child get frequent colds or throat infections with a fever? Yes No
Were child's tonsils ever removed? Yes No

6. Was child ever diagnosed with pneumonia? Yes No
If yes, when? _____

7. Has child ever had a convulsion or fit (seizure)? Yes No
If yes, please list what type (epileptic, febrile). _____
Medication child is on? _____
What special restrictions, meds, or care will need to be provided at school for child? _____

8. Does child complain frequently of headaches? Yes No
If yes, what medication or special care will be needed at school? _____

9. Has child ever had a fainting spell? Yes No

If yes, was child treated by a doctor?	Yes	No
Restrictions at school: _____		
10. Does child have a heart murmur that requires doctor's care?	Yes	No
If yes, please list restrictions or special care needed at school _____		
11. Does child have asthma or wheezing?	Yes	No
If yes, list medication or inhaler(s) needed at school: _____		
12. Is your child toilet trained? If no, describe: _____	Yes	No
Does child have any bladder or kidney problems?	Yes	No
If yes, please describe: _____		
Special care needed at school: _____		
13. Has child been diagnosed with juvenile rheumatoid arthritis?	Yes	No
If yes, please indicate care required at school? _____		
14. Does child have frequent trouble sleeping?	Yes	No
15. Is child Diabetic?	Yes	No
If yes, when was child diagnosed and what special care is needed at school? _____		

16. Has child been diagnosed with ADD or ADHD, or another condition?	Yes	No
If yes, please describe: _____		
Special care or treatment needed at school: _____		
Medications: _____		
17. Has child been diagnosed with Tourette's syndrome?	Yes	No
18. Has child been diagnosed or treated for tuberculosis?	Yes	No
19. Has child ever been in the hospital or had an operation?	Yes	No
If yes, indicate when and what for: _____		
20. Has child had other illnesses, accidents, or fractured bones?	Yes	No
If yes, please describe: _____		
21. Does child require any other restrictions, special care, or medications at school other than listed above?		
If yes, please describe: _____		

REQUIRED PHYSICAL EXAMINATION FOR ENTRY INTO SCHOOL

Kindergarten, Sixth, and Eleventh Grades

The Pennsylvania School Health law requires children upon original entry to school and in the sixth and eleventh grades to have a complete physical exam.

Please check one of the following:

_____ I wish to have my family doctor examine my child at my own expense.

_____ I wish to have the school doctor examine my child.

REQUIRED DENTAL EXAMINATION FOR ENTRY INTO SCHOOL

Required in Kindergarten, Third and Seventh Grades

_____ I wish to have the school dentist examine my child.

Signature of Parent/Guardian

Date