



Andover Regional School District Student Health History

Name: _____ School: FMB / LPS (circle)

D.O.B. _____ Age: ____ Grade: _____ Sex: ___M ___F Date: _____

	Yes	No		Yes	No
Congenital Abnormalities			Mumps		
Drug Sensitivities			Measles		
Asthma			Rubella		
Hepatitis			Chicken Pox		
Diabetes			Operations		
Lead Poisoning			Hospitalizations		
Seizures			Current Medications		
Heart Disease			Toilet Trained		
Heart Murmur			Behavior Problems		
Strep Infection			Otitis Media (Ear Infection)		
Accidents-injuries			Hearing Loss		
Broken Bones			Speech Defect		
Scoliosis			Fainting		
Head Lice			Migraines		
Ringworm			Eye Glasses		
Eczema			Neurological Abnormalities		
Food Allergies			Developmental Delays		

Other: _____

N.J.A.C.6A:162.2 & N.J.S.A. 18A:40-4 Each student upon entry into the school district, shall have a medical history & medical examination conducted at the medical home of the student, and a report sent to the school nurse.

The school nurse will conduct height, weight, blood pressure, vision, and hearing screenings as per NJ schedule.

Scoliosis screenings will be conducted in grades 4, 6, & 8 (ages 10-18).

Parent Signature: _____ Date: _____

School Nurse Signature: _____ Date: _____