

SUSSEX-WANTAGE REGIONAL SCHOOL DISTRICT

Child's First Name _____ Initial _____ Last Name _____

Physician's Name _____ Date of last physical _____

MEDICAL HISTORY

No significant medical history.

Reactions to Immunizations (type?) _____

Allergies (food, medication, other) _____

Congenital defects (type?) _____

Drug sensitivities (type?) _____

Hepatitis (type?) _____

Neuro Muscular Disease (type?) _____

ADD/ADHD (type?) _____

Accidents/Injuries _____

Asthma? Year _____

Otitis Media? Year _____

Chicken Pox? Year _____

Rheumatic Fever? Year _____

Convulsive disorder? Year _____

Strep Infections? Year _____

Diabetes? Year _____

Mononucleosis? Year _____

Heart Disease? Year _____

Fractures? Year? Kind? _____

Current Medications _____

Other? Year? Describe _____

Signature

Date