

Shrewsbury Borough School

20 Obre Place
Shrewsbury, New Jersey 07702

Telephone: (732) 747-0882
Fax: (732) 747-7510

HEALTH RECORD FORM

This Page Is To Be Completed By Parent/Guardian

Student Name: _____ **Date of Birth:** _____

Please circle either: Yes or No

Is your child subject to:

Frequent Colds	Yes	No	Emotional Problems	Yes	No
Frequent Sore Throat	Yes	No	Eating Disorder	Yes	No
Speech Difficulties	Yes	No	Seasonal Allergies	Yes	No
Ear Infections	Yes	No	Sinus Infection	Yes	No
Chronic Cough	Yes	No	Frequent Headaches	Yes	No
Nose Bleeds	Yes	No			

Please list any allergies (Food, Insect, Etc.) _____

Please supply date(s) if your child has had any of the following:

Asthma _____	Lyme Disease _____
Bronchitis _____	Mononucleosis _____
Chicken Pox _____	Orthopedic Problems _____
Diabetes _____	Pneumonia _____
Epilepsy/Seizures _____	Skin Disorder _____
Head Injury/Concussion _____	Strep/Scarlet Fever _____
Heart Disease _____	Tonsillitis _____
Hernia _____	Tuberculosis _____
High Fevers _____	Whooping Cough _____

Has your child had any serious illness, hospitalizations or surgeries? Yes No
If **yes**, please list them _____

Is your child taking any medication on a regular basis? Yes No
If **yes**, please list the medication and condition _____

Is your child restricted from physical activity: Yes No
If **yes**, describe restriction: : _____

Does your child wear glasses, contact lenses, hearing aids, or other appliances? Yes No
If so, please indicate what type: _____

Signature of Person Completing Form

Relationship to Student

Date