

**PENNSAUKEN PUBLIC SCHOOLS
DEPARTMENT OF SPECIAL SERVICES**

HEALTH HISTORY QUESTIONNAIRE

Child's Name _____ Birth Date _____ Gender: male
female

Parent/Guardian Name _____

PERINATAL / BIRTH HISTORY (PreK-6 Only)

Did mother have any problems/illnesses during the pregnancy or birth? Yes _____ No _____

If yes, explain briefly _____

Was child born full term _____ early _____ late _____?

What was child's birth weight? _____

Did your child have any illnesses or problems as a newborn?

Yes _____ No _____ If yes, explain briefly _____

HEALTH CONDITIONS HISTORY

	YES	NO	YEAR
Allergies			
Asthma			
Cardiac (heart) condition/problem			
Chicken Pox			
Diabetes			
Frequent colds			
Frequent Ear Infections			
Frequent headaches			
Frequent nosebleeds			
Frequent stomachaches			
Frequent throat infections			
Hearing Problems			
Hemophilia			
High fever (>104 degrees for 2 days or longer)			
Meningitis			
Seizures			
Sickle Cell Disease			
Toothaches/Dental Problems			
Tubes placed in ears			
Vision Problems			

If yes to any of the above, please describe _____

How often is your child sick? often _____ occasionally _____ not often _____

Is your child currently taking any medication? Yes _____ No _____

If yes, please list the name of the medications and how often medication is taken:

Name of Medication	How Often is Medication Taken

Will your child need to take this medication(s) in school? Yes _____ No _____

Has your child ever been hospitalized? Yes _____ No _____

If yes, please explain _____

Are there any additional health concerns that you would like the nurse and/or school staff to be aware of?

Primary Physician:

Name: _____ Phone: _____

Do you have health insurance for your child? Yes _____ No _____

If yes, child's health insurance coverage plan: _____

If no, you may release my name and address to NJ Family Care Program to contact me about health insurance. Yes _____ No _____ Apply online at www.njfamilycare.org or call 800-701-0710

I GIVE PERMISSION TO THE SCHOOL NURSE TO SHARE ANY OF THE ABOVE INFORMATION WITH THE APPROPRIATE SCHOOL PERSONNEL:

Parent/Guardian Signature: _____ Date: _____