



# MANHEIM CENTRAL SCHOOL DISTRICT

281 White Oak Road  
 Manheim, Pennsylvania 17545  
 (717) 664-8540 FAX (717) 664-8539  
 Manheim Central School District

## Health History

High School  
 P: 717-664-8422  
 F: 717-664-8420

Middle School  
 P: 717-664-1705  
 F: 717-664-1859

Baron Elementary  
 P: 717-665-8904  
 F: 717-665-8909

Doe Run Elementary  
 P: 717-665-8813  
 F: 717-665-8819

Last Name	First	Middle	Birthdate	Gender (M/F)
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Street Address	City	State	Zip
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Father's Name	Phone	Mother's Name	Phone
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Parent/Guardian with whom child resides (if different from above)	Phone
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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