



PORT REPUBLIC SCHOOL DISTRICT

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Dennis J. Anderson
Superintendent

Todd D'Anna
Business Administrator

HEALTH HISTORY

Child's Name _____

Weight at birth _____

Any serious problems during pregnancy? _____

Any serious problems at birth? _____

Any problems in growth and development? _____

Please indicate the year or frequency of any of the following illnesses or problems which pertain to your child:

Measles _____

Rubella _____

Chicken Pox _____

Whooping Cough _____

Mumps _____

Frequent colds _____

Frequent sore throats _____

Strep infections _____

Ear infections _____

Sinusitis _____

Heart trouble _____

Rheumatic Fever _____

Headaches _____

Stomach aches _____

Constipation _____

Convulsions _____

Convulsive disorder _____

Arthritis _____

Asthma _____

Lung infections _____

Tuberculosis _____

Lyme's Disease _____

Kidney disease _____

Diabetes _____

Polio _____

Mononucleosis _____

Hepatitis _____

Liver problems _____

Bladder problems _____

Problems with bones _____

Neuromuscular disease _____

Congenital problems _____

Serious injuries _____

Operations _____

Behavior problems _____

Speech problems _____

Hearing problems _____

Eye problems _____

Allergic reactions:

Medication _____

Foods _____

Insects _____

Other _____

Comments or any other illnesses or problems:

Date _____ Signature of Parent _____