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	Middle School	Baron Elementary	Doe Run Elementary
P: 717-664-8422 F: 717-664-8420	P:717-664-1705 F: 717-664-1859	P: 717-665-8904 F: 717-665-8909	P: 717-665-8813 F: 717-665-8819

Last Name First Middle Birthdate Gender (M/F)

Street Address City State Zip

Father's Name Phone Mother's Name Phone

Parent/Guardian with whom child resides (if different from above) Phone

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