

South Brunswick School District

PUPIL HEALTH HISTORY

Grades Pre – K – 5

Pupil's Name _____ Date of Birth _____ Sex _____ Grade/Teacher _____
Address _____ Telephone: Home _____
Parent/Guardian's Name(s) _____ Work _____
Health Care Provider _____ Telephone Number _____

Health History and Development:

- Length of pregnancy _____ months Complications of pregnancy? _____
Delivery (circle one) Normal Caesarian Premature
Birth Weight _____ lbs. _____ oz.
Problems at birth/delay sending newborn home? If yes, please explain _____
- Birth sequence of above child 1st _____ 2nd _____ 3rd _____ 4th _____ other _____
- Any problems during first year? _____
- What age did your child walk? _____ talk? _____ toilet train? _____
- Does your child have any of the following problems? Vision _____ Hearing _____ Speech _____
- Does your child have asthma or a breathing problem? Yes _____ No _____ If yes, explain _____

- Is your child allergic to food, plants, dust, dogs, cats, bees, other? Yes _____ No _____ If yes, explain _____

- Does your child take medications? Yes ___ No ___ If yes, explain _____

- Has your child ever had an operation or medical procedure requiring outpatient services or hospitalization?
Yes ___/Year _____ No ___ If yes, please explain _____

Medical History (Indicate age)

Measles _____	German Measles _____	Mumps _____	Frequent nosebleeds _____
Scarlet Fever _____	Whooping Cough _____	Epilepsy _____	Frequent sore throats _____
Pneumonia _____	Ear infections _____	Diabetes _____	Frequent headaches _____
Convulsions _____	Tubes in ears _____	Fractures _____	Liver Disease _____
Polio _____	Hearing aid _____	Tonsillitis _____	Tuberculosis _____
Heart Disease _____	Sickle Cell _____	Anemia _____	Lyme Disease _____
			Chicken Pox _____

Habits & Personality:

How does he/she play with friends? _____

Sleeps from _____ to _____ Nightmares? _____ Appetite? _____

Please describe your child in terms of his/her temperament and attitudes. Also, in what way is your child like other children or different from them? What words would best describe your child? _____

Is there anything about your child's health not mentioned above that we should know? _____

Any restrictions or limitations to physical activity? _____

Date _____ Signature of Parent/Guardian _____