

EAST BRUNSWICK PUBLIC SCHOOLS
Student Services Department
Student Health History

It is necessary that the following confidential information concerning the health history, growth and development of your child be completed. This information is essential for a total understanding of each child as an individual. It also assists in planning the child's individual educational plan.

Date _____ School _____ Grade _____
Student Name _____ Date of Birth _____
Parent/Guardian Name _____

A. NUTRITIONAL HISTORY

1. Does your child have frequent stomachaches? Yes No
2. Problem with diarrhea or constipation? Yes No
3. Has your child recently had a significant weight loss or gain? Yes No

Please explain: _____

B. INFECTIONS AND ILLNESS

1. Hearing problems Yes No
Hearing test (if yes, by whom) _____

2. Vision problems Yes No
Please explain: _____

Glasses/Contact lenses: (please circle)

3. **Circle** any of the following which child has had (indicate age)

Chicken Pox _____ Measles _____ Mumps _____ Seizures/Convulsions _____

Tuberculosis _____ Strep _____ Lyme Disease _____ Arthritis _____

Pneumonia _____ Migraines _____ Hepatitis _____

Other _____

4. List serious accidents (i.e. head injury, etc) _____

Operations _____

Hospitalizations/Emergency Room visit:

5. Has your child ever been treated for a medical condition/or mental illness? Yes No
 If yes, state illness _____ Duration of illness _____
 Type of medication given _____
6. Does your child have difficulty concentrating and/or short attention span? Yes No
 Medication? _____
7. Is there a language other than English spoken at home? Yes No
 If yes, please list _____

C. ASTHMA/ALLERGIES

1. Does your child have asthma? Yes No
 If so, indicate any possible triggers _____
2. Does your child take asthma medication daily? Yes No
 As needed? Yes No
3. Please indicate name of medication? _____
4. Does your child have any allergies? Yes No
 Please indicate: _____
5. Does your child require an Epinephrine? Yes No
 Reason: (be specific) _____
6. Does your child have any skin condition? (I.e. eczema, etc.) Yes No
 Please explain: _____
7. Please write any other information you wish to share with the school which might be beneficial to your child and helpful to the school.

 Parent/Guardian

 Date