

PENNRIDGE SCHOOL DISTRICT
PERKASIE, PA 18944
SCHOOL HEALTH SERVICES

HEALTH HISTORY
Original Entry

**The following information is to be completed by the Parent/Guardian
This is not your child's physical form, physical forms will be given at the time of registration.**

School: _____ Birth Date: _____

Pupil Name: Last _____ First _____ Middle _____

Mailing Address: City _____ State _____ Zip _____

Father's Name: Last _____ First _____ Middle _____

Mother's Name: Last _____ First _____ Middle _____

Parent's Marital Status: (Check where applicable)

- | | | | |
|------------------------------------|-------------------------------------------|----------------------------------------|----------------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Widow-Widower | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Single Parent |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Remarried-Father | <input type="checkbox"/> Stepfather | |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Remarried-Mother | <input type="checkbox"/> Stepmother | |

Student Resides With:

Name: _____ Relationship: _____ Telephone: _____

Family Physician's Name: _____ Telephone: _____

IS YOUR CHILD AT PRESENT UNDER MEDICAL TREATMENT? YES NO

If yes, please explain: _____

List any additional illness you or your family physician feel should be known: _____

Special Comments: _____

PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS. THANK YOU!

*****THE FOLLOWING IMMUNIZATIONS ARE MANDATED BY LAW AND MUST BE COMPLETED BEFORE REGISTRATION WILL BE CONSIDERED COMPLETE**

Four basic doses of Diphtheria, Pertusis (Whooping Cough), and Tetanus (**DPT**); or Diphtheria-Tetanus (DT), or Tetanus in any combination are required. (The 4th dose must be administered on or after the fourth birthday) Three doses of Polio (**OPV/IPV**) are required. Three doses of **Hepatitis B** Vaccine. Two doses of **Varivax** (Varicella/Chicken Pox Vaccine) or proof of disease.

Two doses of Measles (Rubeola), German Measles (Rubella), and Mumps Vaccine (**MMR**), these vaccines are usually given as one vaccine, the second MMR is usually given during your child's five yr. physical.

As of the 2011/2012 school year the following are also required for all children **attending grade 7:**

One dose of tetanus, diphtheria, acellular pertussis (**Tdap**) (if 5 yrs has lapsed since last tetanus)

One dose of meningococcal conjugate vaccine (**MCV**)

The following State Mandated Exams are required:

Physical Exams are required at K/entry, 6th and 11th grades

Dental Exams are required K/entry, 3rd and 7th grades.

Has your child had any childhood illness? (example: Measles/Mumps/Chicken Pox) Please list giving dates and any complications: _____

Does your child have, or has he/she had: (Please Circle)

Vision Loss	Yes	No
Eye Disease	Yes	No
If yes, does your child wear glasses or contacts	Yes	No
Hearing Loss	Yes	No
If yes, does your child wear a hearing aid?	Yes	No
Earaches	Yes	No
Head Injury	Yes	No
Convulsions	Yes	No
Headaches	Yes	No
Epileptic Seizures	Yes	No
Diabetes	Yes	No
Asthma	Yes	No
Cardiac issues	Yes	No
Peanut/ Food Allergies	Yes	No
Bee Sting Allergy	Yes	No
Is your child receiving dental care	Yes	No
Is your child currently taking any long term Meds	Yes	No

If yes, explain: _____

HAS YOUR CHILD HAD ANY OF THE FOLLOWING: (Give Date and Details)

Allergy: _____

Recurring Illness: _____

Serious accidents: _____

Emotional Problems: _____

Recent loss of loved one or Pet: _____

Parent Signature: _____ Date: _____