

Health History Upper Darby School District

To Parent or Guardian: The information requested on this form will be helpful to the school authorities in determining the health status of your child and in assisting him/her to receive maximum benefits from his/her educational opportunities. Physicals are required for all new students, Kindergarten, 6th grade and 11th grade.

Name of Child: _____ Male Female

Address: _____ Date of Birth: _____

Previous school attended: _____

Mother's/Guardian's Name: _____ Birthplace: _____

Address: _____ Phone: _____

Father's/Guardian's Name: _____ Birthplace: _____

Address: _____ Phone: _____

Name and Phone Number of Child's Physician or Other Source of Medical Care:

Name: _____ Phone: _____

Provide Details of Medical History and attach copy of immunizations:

Chickenpox	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Diabetes	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Chronic Ear Infections	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Peanut Allergy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ADHD	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Bee Sting Allergy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Convulsions	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Lactose Intolerant	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Allergies: Yes No if yes, describe _____

Tuberculosis or contact: Yes No if yes, describe _____

Serious Illness: Yes No if yes, describe _____

Operations: Yes No if yes, describe _____

Head Injuries or Serious Accidents: Yes No if yes, describe _____

Have any problem with vision, hearing or speech? Yes No if yes, describe _____

Take medication? Yes No if yes, describe _____

Other pertinent information about your child's health: _____

Is your child able to participate in a full school program? Yes No If not, state reason _____
(Information from your physician will be required if restriction is necessary)

Signature: _____ Date: _____

For office use only:			
School _____	Grade _____	Room _____	Date _____