Form B-802 (Rev. 5/03)

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 ☐	No ☐	Diabetes	Yes ☐	No ☐	Chronic Ear Infections	Yes ☐	No ☐
Peanut Allergy	Yes ☐	No ☐	ADHD	Yes ☐	No ☐	Bee Sting Allergy	Yes ☐	No ☐
Convulsions	Yes ☐	No ☐	Asthma	Yes ☐	No ☐	Lactose Intolerant	Yes ☐	No ☐

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 _____