Green Hills School Student Health History

Name: ______________________________

Date: ____________ D.O.B.______________ Age: ______ Grade: _______ Sex: M / F

Please mark yes or no. Indicate dates when possible.	Yes	No		Yes	No
Allergies (food, seasonal, bee sting, etc.)			Frequent Abdominal Pain		
Asthma			Mononucleosis		
Diabetes			Mumps		
Seizures			Measles		
Heart Disease or Murmur			Rubella (German Measles)		
COVID-19			Chicken Pox		
Drug Allergies or Sensitivities			Surgical Operations		
Lead Poisoning			Hospitalizations		
Congenital Abnormalities			Toilet Trained		
Hepatitis			Behavior Problems		
Strep Infections			Ear Infections		
Accidents/Injuries			Tubes placed in ears		
Broken Bones/ Fractures			Hearing Loss		
Scoliosis			Speech Problems		
Head Lice			Fainting		
Ringworm			Migraines		
Eczema			Vision Problems		
Dental Cavities			Neurological Abnormalities		
Pneumonia			Developmental Delays		
Head Injury			Frequent Nosebleeds		
Frequent Headaches			Constipation		

Additional info:

Is your child taking any medication(s)? ____

Are there any restrictions on your child's activities? ______________________________________

Are there any conditions or habits that school personnel should be aware of? ______________________

Has your child's growth/development been normal? If no, please explain: _________________________

During pregnancy did mother have any medical problems? If yes, please explain: ____________________

Were there problems during labor/delivery? If yes, please explain: _____________________________

Birth Weight: ________ Age at which walked alone: __________ Age at which talked with 2 words together: __________

N.J.A.C.6A:162.2 & N.J.S.A. 18A:40-4 Each student upon entry into the school district, shall have a medical history & medical examination conducted at the medical home of the student, and a report sent to the school nurse. The school nurse will conduct height, weight, blood pressure, vision, and hearing screenings as per NJ schedule. Scoliosis screenings will be conducted in grades 4, 6, & 8 (ages 10-18).

Parent Signature: ____ Date: ______________