

THREE VILLAGE CENTRAL SCHOOL DISTRICT
SETAUKET, NEW YORK 11733

HEALTH HISTORY

Name of Child _____ Grade _____ Teacher _____
Last First MI

Sex _____ Place of Birth: City _____ State _____ DOB _____

Birth Weight _____ lbs. _____ ozs. Full Term? _____ If premature, # of months _____

Difficulties with birth, please specify: _____

Home Address _____ Phone Number _____

Father's Name _____ Place of Birth: City _____ State _____

Mother's Name _____ Place of Birth: City _____ State _____

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Has your child had any of the following illnesses? Please circle the appropriate answer.

Chicken Pox	yes	no
Diphtheria	yes	no
German Measles	yes	no
Pneumonia	yes	no
Scarlet Fever	yes	no
Whooping cough	yes	no
Hepatitis A	yes	no
Hepatitis B	yes	no

Please complete the following: Does your child have:

1. Allergies to the following:

Food	yes	no
Medication	yes	no
Environment	yes	no
Insect stings	yes	no
Other	yes	no

If so, what are the symptoms and treatment? _____

2. A vision problem?	yes	no			
Wears glasses	yes	no	If yes, full time	yes	no
Wears contacts	yes	no	If yes, full time	yes	no
Reading	yes	no			
Board work	yes	no			
Gym/recess	yes	no			

Name of eye care specialist _____

3. A hearing problem	yes	no
Hearing aide	yes	no
Had an audiogram	yes	no

4. Speech difficulty?	yes	no
Speech therapy	yes	no

Name of provider _____

5. Understands English?	yes	no
Speaks English?	yes	no

If not, primary language _____

6. Has your child been:		
Hospitalized	yes	no
Had Surgery	yes	no

Specify date(s) and reason(s) _____

HEALTH HISTORY

Does your child have any of the following chronic health problems?

DIAGNOSIS	YES	NO	MEDICAL TREATMENT/MEDICATION DURING OR OUTSIDE THE SCHOOL DAY
DIABETES			
TUBERCULOSIS			
SEIZURES (ACTIVE/INACTIVE)			
CYSTIC FIBROSIS			
CEREBRAL PALSY			
ASTHMA			
RESPIRATORY DISORDER			
HEMOPHILLIA			
HEART CONDITION			
HEART MURMUR			
CANCER			
SKIN DISORDER			
HEPATITIS A			
HEPATITIS B			
OTHER			

Does your child:

1. Experience frequent absences due to illness? _____
2. Experience frequent hospitalizations? _____
3. Require special transportation, equipment, precautions in lifting or moving? _____
4. Other _____

Date _____ Signature of Parent/Guardian _____