

Student _____
(Last Name) (First Name)

Grade _____

PARENTS: Check the information that applies and add any pertinent information. (Please return completed form by the 1st day of attendance)

Accidents:

- Serious head injury
Loss of consciousness
Other (specify):

Eye Difficulties:

- "Lazy eye"
Glasses or contact lens
Prosthesis
Other (specify):

Ear Problems:

- Ear Infections
Tubes
Hearing Loss
Throat infections
Other (specify):

Heart Problems:

- Heart murmurs
Congenital heart disease
Rapid heartbeat/palpitations
Other (specify):

Respiratory Difficulties:

- Asthma
Bronchitis/pneumonia
Cystic fibrosis
Other (specify):

Kidney/Bladder Difficulties:

- Kidney Disease
Bladder infection
Enuresis (bedwetting)
Encopresis (fecal soiling)
Undescended (or one) testicle(s)

Special Educational Needs:

Does any close relative in your family have a history of: (Check and indicate relationship to child.)

- Diabetes, Cancer, High Blood Pressure, Birth Defect, Anemia, Epilepsy, Sickle Cell Anemia, Heart Disease, Learning Problems, Mental Retardation, Other

When did your child have a physical examination?

Purpose of examination: routine check-up, illness/injury (specify):

Have there been any changes or additions in the family the past year? (For example, health problems, changes in marital status, changes in occupation, new brother or sister, etc.?) Explain:

Parent/Guardian Signature Date