HOLMDEL TOWNSHIP PUBLIC SCHOOLS
CONFIDENTIAL HEALTH APPRAISAL QUESTIONNAIRE

Name: ______________________________ Date of Birth: _____________

Home Address: ____

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School: ________________________ Grade: _______________________

Pediatrician: ____

Pediatrician's Telephone Number: __________________________________

Date of Last Examination by Pediatrician: ___________________________

Birth History:

1) What was your child's birth weight? ____________________________

2) When did the baby leave the nursery? __________________ days of age

3) Was he/she born with any birth defects? NO _______ YES ________

Past History:

Has your child had:	Date/Year	Complications
Measles		
Mumps		
Chicken Pox		
Rubella (German Measles)		
Scarlet Fever		
Meningitis		
Encephalitis		
Prolonged or unexplained high fever		
Concussion		

-MORE-

Has your child had any of the following:

	Age	Diagnosis
Serious Accident		
Broken Bones		
Surgery		
Hospitalizations		
Other Illnesses		

Has your child ever had a convulsion (seizure)? NO _______ YES _____

Has your child ever had trouble with hearing? NO _______ YES _____

Has your child ever had trouble with vision? NO _______ YES _____

Does your child wear glasses or contact lenses? NO _______ YES _____

Is your child allergic? NO _______ YES _____

If YES, to what? _______________________

Eczema or hives _______________________

Asthma _______________________

Medications _______________________

Is your child presently receiving allergy shots? _______________________

Is your child taking any medications now? _______________________

When did your child last see a dentist? _______________________

Family History:

Have any of the child's parents, grandparents, aunts, uncles, brothers or sisters had:

_____ Seizures

_____ Diabetes

_____ Cancer

_____ Tuberculosis

______ Hay Fever

______ Heart Disease

______ Anemia or bleeding problems

______ Rheumatic fever

IMMUNIZATIONS RECORDS MUST BE ATTACHED.

Students will not be admitted to school unless
immunizations meet state requirements

Signature of Parent or Guardian ____________________________________

Date: __________________________