School Health Services

HEALTH APPRAISAL RECORD

To Parent or Guardian: Please complete and return to school as soon as possible.
Name of Child ____ Birth Date: ______________ Sex _______

CHILD'S HEALTH HISTORY

Has your child ever had:

	YES	NO	DATE		YES	NO	DATE
Chickenpox				Diabetes			
Measles				Convulsions or seizures			
Mumps				Frequent Ear Infections			
Scarlet Fever				Ear or hearing problems			
Whooping Cough				Eye or vision problems			
Asthma				Serious illness			
Wheezing				Chronic disease			
Allergies				Accidents			
Eczema				Emotional problems			
Hives				Speech difficulties			
Cardiac condition				Stomach problems			
Rheumatic fever				Orthopedic problems			
Heart Murmur				Difficulty sleeping			
Operations				Nightmares or insomnia			

If you answered "yes" to any of the above, please give details ____

Does your child take any medication regularly? _____ Specify ____

Does your child wear glasses, hearing aids, or other appliance? ______ Specify ______________________________

List any illness, health or behavior problems about your child that you or your family physician feel should be known to the school authorities: ____

CHILD'S GROWTH AND DEVELOPMENT

Birth weight _______ lbs. _____ oz.

	YES	NO	DATE		YES	NO	DATE
Illness of mother during pregnancy				Instrument Delivery			
Labor and/or delivery extremely short				Cesarean Section			
Labor and/or delivery extremely long				Oxygen therapy at birth			
Heavily sedated during labor or delivery				Feeding problems			
Baby born prematurely				Toilet training problems			
Baby placed in incubator				Currently bed wets			

If you answered "yes" to any of the above, please give details:

Child is right handed _________________ left handed ________
Child sat without support at __________ months
Walked alone at ____________ months
Spoke a few words at ________ months
Spoke in sentences at ________ months
Toilet trained bowels at ______ months; bladder ______ months

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Most recent Tuberculin Test: Date _________ Type __________ Result ________________________

Parent/Guardian Signature ____ Date __________________