SCOTCH PLAINS-FANWOOD PUBLIC SCHOOLS HEALTH PHYSICAL DEVELOPMENT HISTORY

This record is to be filled in by the parent or guardian and provided for the school nurse.

LAST NAME	FIRST NAME		INITIAL	BIRTHDATE	BIRTHDATE	
ADDRESS					PHON	NE
FATHER/GUARDIAN			MOTHER/GUARDIAN			
	PE	RSONAL HI	EALTH HISTORY			
			Has child had:	YES	NO	DATE
Birth weightlbs Illness of mother during pregnancy Born prematurely Complications of delivery		YES NO	Trouble with vision Frequent vomiting or diarrhea Tendency to bleed easily Allergies Convulsions or other seizures	0000	0000	
Difficulty soon after delivery			Unusual nervousness, nail biting or thumb sucking			
Specify:			Nightmares or trouble sleeping Breath-holding or temper			-
Walked alone when		_ months old	tantrums Difficulty with toilet training or			
Said a few words when		_ months old	bedwetting Any severe injury or			-
Has child had/has: YES	NO	DATE	impairments			
Serious bee sting allergy Hernia Chickenpox Rheumatic Fever Asthma or wheezing Pneumonia or bronchitis Frequent sore throats	000000		Any operations: Specify: Any medication:			
Frequent ear infections Trouble with hearing			Specify:			
Trouble with speech Celiac Disease Diabetes	0					
Diabetes	_	AMILV HE	ALTH HISTORY			
Has parent						
Significant Rheumatic Heart Disea Diabetes Tuberculos Convulsive Mental Illne Cancer Other	Allergy Fever ase is Disorder					
	AI	DDITIONAL	INFORMATION			
Previous Schooling: Another Language Spoken at Home: Child born in the United States: Other significant health issues/learning	YES problems:	NO	Where? What? If no, years in United States?			