EC Health History Form

Date: _____

Child's name:_____ Birth Date:_____ Grade Level:_____ Gender: _____

1. Date of child's last physical exam: _____
2. Has your child attended preschool? Yes☐ No☐ Where? _____
3. Did mother have problems during pregnancy or during labor and delivery? Yes☐ No☐ If yes, please explain _____
4. Child's birth weight _____
5. Was child premature? Yes☐ No☐ If yes, how many weeks early? _____
6. Was your child's growth and development (sitting, walking, talking, etc) within the normal range? Yes☐ No☐ If delayed, please explain: _____
   _____
7. Has child been hospitalized since birth? Yes☐ No☐ If yes, please explain _____
   _____
8. Has child had surgeries? Yes☐ No☐ If yes, please explain
   _____
   _____
9. Has child had fractures? Yes☐ No☐ If yes, please explain _____
   _____
10. Does your child have any medical concerns (asthma, seizures, etc)? Yes☐ No☐ if yes, please list: _____
11. Does your child have life threatening allergies? Yes☐ No☐
12. Please list all allergies to medications, foods or insects: _____
    _____
    Epi pen? Yes☐ No☐
    What do you do for these allergies?_____

Please list all prescription and over the counter medications your child is taking _____

_____

Continued on back

EC Health History Form continued

Does your child have any of the following:

Trouble with eyes/eyesight	yes☐	no☐	Nervous habits	yes☐	no☐
Wears glasses	yes☐	no☐	Abnormal fears	yes☐	no☐
Trouble hearing	yes☐	no☐	Frequent colds/illness	yes☐	no☐
Trouble in ears	yes☐	no☐	Stomachaches	yes☐	no☐
Trouble eating	yes☐	no☐	Seizures	yes☐	no☐
Bladder/bowel problems	yes☐	no☐	Headaches	yes☐	no☐
Rashes	yes☐	no☐	Accident prone	yes☐	no☐
Excessive thirst	yes☐	no☐	Toothaches	yes☐	no☐
Sleeping difficulties	yes☐	no☐	Wheezing	yes☐	no☐

Please list any social, behavioral, emotional concerns (anxiety, autism, etc) _____

_____

_____

Please list any mobility concerns (wheelchair, braces, etc)_____

_____

_____

Parent/Legal Guardian signature Date

***Please include a copy of Immunization Records.**

PLEASE PRINT THIS FORM AND RETURN TO SCHOOL