

NORTHERN LEHIGH SCHOOL DISTRICT

1201 SHADOW OAKS LANE
SLATINGTON, PA 18080

Phone: 610-767-9800
Fax: 610-767-9809

SCHOOL HEALTH QUESTIONNAIRE

To Parent(s)/Guardian(s):

The information requested on this form will be of assistance to the school district in determining the health status of your child and assisting him/her to receive maximum benefits from this educational opportunity.

Student's Name: Birthdate: Sex M F Student's

Address:

Parent Name(s): Phone(s):

Signature of Parent Completing the Form:

ATTACH COPY OF IMMUNIZATION RECORD

Name of Child's Physician: Phone:

Name of Child's Dentist: Phone:

1. Was your child's hearing ever tested? Yes No

If Yes, when? Name of Examiner:

Results:

2. Has your child ever had an eye examination? Yes No

If Yes, when? Name of Examiner:

Were glasses prescribed? Yes No

Constant wear? Yes No

3. List Medications, herbal supplements/home remedies currently being taken

Table with 3 columns: Medication Name, Dosage, How Often Taken

4. List Hospitalizations and/or Surgeries

Table with 2 columns: Date, Description - why hospitalized / type of surgery

5. Tuberculosis Skin Test:

Never had one Negative Test - Year

Positive Test - Year

6. Does your child have an Epi Pen / Epi Pen Jr. Yes No

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7. Where there any complications during pregnancy and/or labor / delivery? Yes No

If Yes, explain _____

8. Is your child under medical treatment at present? Yes No

9. Has your child had any serious accidents? Yes No

If Yes, explain _____

10. Describe briefly any traumatic events that your child has experienced
(for example: death of close relative, divorce, family crisis, etc.)

11. List Specific Allergies and Treatment

Health History and History of Infancy and Early Childhood

Check below any of the following illnesses/conditions your child has had. Indicate approximate date of onset (first symptoms). Explain below, including treatment and health professionals involved.

<i>Check</i>		<i>Check</i>		<i>Check</i>	
<input type="checkbox"/>	Arthritis	<input type="checkbox"/>	Difficulty with dressing self	<input type="checkbox"/>	Mumps
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Diphtheria	<input type="checkbox"/>	Nail biting
<input type="checkbox"/>	Bedwetting	<input type="checkbox"/>	Ear Infections	<input type="checkbox"/>	Negative reaction to affection
<input type="checkbox"/>	Bladder Infection	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Pneumonia
<input type="checkbox"/>	Blood Disorder	<input type="checkbox"/>	Extremely tired	<input type="checkbox"/>	Polio
<input type="checkbox"/>	Blood Pressure-High	<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Poor coordination
<input type="checkbox"/>	Blood Pressure-Low	<input type="checkbox"/>	Frequent headaches	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	Bowel/bladder problems	<input type="checkbox"/>	Frequent stumbling or falling	<input type="checkbox"/>	Rubella (German Measles)
<input type="checkbox"/>	Broken Bones	<input type="checkbox"/>	Headaches/Migraines	<input type="checkbox"/>	Scarlet Fever
<input type="checkbox"/>	Bronchitis	<input type="checkbox"/>	Heart Murmur	<input type="checkbox"/>	Seizures/Convulsions
<input type="checkbox"/>	Cancer	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	Short attention span
<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	Hepatitis	<input type="checkbox"/>	Speech is not clear
<input type="checkbox"/>	Concussion	<input type="checkbox"/>	High Fever	<input type="checkbox"/>	Stuttering
<input type="checkbox"/>	Defiance of authority	<input type="checkbox"/>	Hives	<input type="checkbox"/>	Temper tantrums
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hyperactivity	<input type="checkbox"/>	Thyroid Disease
<input type="checkbox"/>	Difficulty cutting with scissors	<input type="checkbox"/>	Influenza	<input type="checkbox"/>	Tonsillitis
<input type="checkbox"/>	Difficulty expressing needs	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	Tuberculosis
<input type="checkbox"/>	Difficulty holding pencil	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	Typhoid
<input type="checkbox"/>	Difficulty playing with peers	<input type="checkbox"/>	Measles	<input type="checkbox"/>	Unusual fears
<input type="checkbox"/>	Difficulty separating from parents	<input type="checkbox"/>	Meningitis	<input type="checkbox"/>	Unusual tics/twitches
<input type="checkbox"/>	Difficulty understanding directions	<input type="checkbox"/>	Mono	<input type="checkbox"/>	Whooping Cough
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:	<input type="checkbox"/>	Other:

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IMMUNIZATION REQUIREMENT

A Pennsylvania Law forbids the enrollment of a student into schools without assurance of compliance with the new immunization rules. Each student must have the following immunizations:

Students entering kindergarten are required to have:	Students entering seventh grade are required to have:
<ul style="list-style-type: none">• 4 doses of tetanus* (1 dose, age 4);• 4 doses of diphtheria* (1 dose, age 4);• 3 doses of polio;• 2 doses of measles; **• 2 doses of mumps; **• 1 dose of rubella (German measles); **• 3 doses of hepatitis B; and• 2 doses of varicella (chickenpox) vaccine or history of disease. <p>*Usually given as DTP or DTaP or DT or Td ** Usually given as MMR</p>	<ul style="list-style-type: none">• 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) if five years have passed since last tetanus immunization; and• 1 dose of meningococcal conjugate vaccine (MCV).

You should have received an immunization card from your former school district if you lived in Pennsylvania. If you have the card, submit it with your completed registration form. Our school nurse will review the card to insure that your child is in compliance with the law. Any discrepancies will be brought to your attention.

If you are from out of state, you should obtain evidence that your child has received the immunizations listed above. Your child must have an up-to-date immunization record before we can allow admission.

Please be advised the enrollment cannot be considered complete unless your child is fully immunized. We trust that we will have your cooperation.