

**NORTHERN LEHIGH SCHOOL DISTRICT
CENTRALIZED REGISTRATION**

One Bulldog Lane
Slatington, PA 18080
Phone: (610)767-9837
Fax: (610)767-9853

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

<i>Medication Name</i>	<i>Dosage</i>	<i>How Often Taken</i>

4. List Hospitalizations and/or Surgeries

<i>Date</i>	<i>Description - why hospitalized / type of surgery</i>

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

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

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.