

HEALTH FORM

SAINT ANNE'S SCHOOL – GARDEN CITY, NY

<small>STUDENT'S NAME</small>	<small>BIRTHDATE</small>	<small>PLACE OF BIRTH</small>	
<small>ADDRESS</small>	<small>PHONE NUMBER</small>	<small>SEX</small>	<small>GRADE</small>
<small>SCHOOLS PREVIOUSLY ATTENDED</small>			
<small>DOCTOR (NAME AND TELEPHONE)</small>			

<small>ADULTS IN HOUSEHOLD (NAMES)</small>	<small>AGE</small>	<small>OCCUPATION</small>	<small>WORK PHONE</small>	<small>HEALTH PROBLEMS</small>
<small>MOTHER</small>				
<small>FATHER</small>				
<small>GUARDIAN</small>				

<small>CHILDREN IN HOUSEHOLD (NAMES)</small>	<small>AGE</small>	<small>SCHOOL</small>	<small>HEALTH PROBLEMS</small>

STUDENT HEALTH HISTORY

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? PLEASE CHECK AND EXPLAIN BELOW.

	<small>YEAR</small>		<small>YEAR</small>		<small>YEAR</small>
<small>ALLERGIES (SPECIFY)</small>		<small>FIFTHS DISEASE</small>		<small>WHOOPING COUGH (PERTUSSIS)</small>	
<small>ASTHMA</small>		<small>HEART DISEASE</small>		<small>TUBERCULOSIS</small>	
<small>EAR CONDITIONS</small>		<small>IMMUNOSUPPRESSION</small>		<small>CONTACT WITH TB</small>	
<small>FREQUENT COLDS & SORE THROATS</small>		<small>KIDNEY DISORDER</small>		<small>BIRTH COMPLICATIONS</small>	
<small>CONVULSIONS</small>		<small>LYME DISEASE</small>		<small>PREMATURITY</small>	
<small>ANEMIA</small>		<small>PNEUMONIA</small>		<small>CONGENITAL DEFECTS</small>	
<small>CHICKEN POX</small>		<small>RHEUMATIC FEVER</small>		<small>HOSPITALIZATIONS (SPECIFY)</small>	
<small>DIABETES</small>		<small>SEIZURE DISORDER</small>		<small>SERIOUS INJURY (SPECIFY)</small>	

EXPLANATION

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MEDICATIONS

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HAS YOUR CHILD HAD ANY OF THE PROBLEMS IN THE AREAS LISTED BELOW? PLEASE CHECK AND EXPLAIN.

<small>VISION</small>		<small>SPEECH</small>		<small>OTHER (SPECIFY)</small>
<small>HEARING</small>		<small>ORTHOPEDIC</small>		
<small>LEARNING DISABILITY</small>		<small>EMOTIONAL DISTURBANCES</small>		

ARE ANY OF THE ABOVE PRESENT IN YOUR FAMILY? IF SO, PLEASE EXPLAIN.

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HAS YOUR CHILD RECEIVED PROFESSIONAL SERVICES FOR THE ABOVE?

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PARENT'S CONCERNS ABOUT CHILD. PLEASE CHECK.

<small>RESTLESS, OVERACTIVE</small>		<small>NERVOUS MANNERISMS (TICS, ROCKS, ETC)</small>		<small>WITHDRAWN</small>	
<small>IMMATURE</small>		<small>SUCKS THUMB, BITES NAILS</small>		<small>IMPULSIVE</small>	
<small>TEMPER TANTRUMS</small>		<small>AGGRESSIVE</small>		<small>CRIES EASILY</small>	
<small>DAYDREAMS</small>		<small>DESTRUCTIVE</small>		<small>POOR SELF IMAGE</small>	

PLEASE ADD ANY ADDITIONAL PERTINENT INFORMATION/CIRCUMSTANCES, THAT MAY HAVE AFFECTED YOUR CHILD.

<small>SIGNED (PARENT OR GUARDIAN)</small>	<small>DATE</small>
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