

CORNWALL-LEBANON SCHOOL DISTRICT
 105 E. EVERGREEN ROAD
 LEBANON, PA 17042

HEALTH HISTORY FORM - ELEMENTARY

FAMILY INFORMATION

Child's Name _____ Phone _____

Birthdate _____ Gender: Male _____ Female _____

Parents or Guardians:

The information requested on this form will assist school personnel in determining the health status/needs of your child. Information may be shared with school staff. Physical exams are required on first entry into school. You are encouraged to have your child's health care provider perform this exam at your expense.

(Please check one.)

_____ I want my child's health care provider to perform the physical exam. The physical form is included in your registration packet. **The completed physician form is due in the nurse's office by October 1.**

_____ I want the school physician to provide the required exam. I will be notified of the date and may be present. **My signature below grants permission for the school physician to perform this examination.**

Please check any conditions below that apply to your child

	YES	NO		YES	NO
Allergies			Hypertension		
Asthma			Neuromuscular Disorder		
Cardiac			Orthopedic Condition		
Communicable Diseases			Respiratory Illness		
Diabetes Mellitus			Seizure Disorder		
Ear Infection			Skin Disorder		
Emotional Problems			Surgery		
Gastrointestinal Disorder			Vision Disorder		
Hearing Disorder					
Hospitalization			Other (specify on reverse side)		

FAMILY HISTORY

Please circle any conditions that apply to your child's parents or grandparents.

Allergies Asthma Hearing or vision difficulties Cancer Tuberculosis
 Diabetes Emotional/Mental Condition Heart Disease

Name of Child's Physician _____ Telephone _____

I give the school permission to contact the above physician regarding my child.

 Parent Signature

 Date