

**Cornwall Lebanon School District  
Secondary (Grade 6) Health History Form**

**Parents/Guardians: The information requested will assist school personnel to determine the health status/needs of your child. The information may be listed on a confidential health list for staff, to insure your child's safety at school.**

*Physical Examinations are required on first entry to school, and in grades 6 and 11. You are encouraged to have your child's primary health care provider do this exam, to ensure all required immunizations are up to date. MCV and Tdap are required for entry into grade 7.*

\_\_\_\_\_ I request that my child is examined by his/her Physician at my expense. Please send the required form, due in fall at the middle school.

\_\_\_\_\_ I request that my child is examined by the School Physician/designee. **My signature below grants permission for the school physician to perform this examination. I will be notified of the date of the exam, and may be present. I understand the Tdap and MCV immunizations needed for 7<sup>th</sup> grade entry will NOT be offered with a school physical.**

**Student Name** \_\_\_\_\_ Female \_\_\_ Male \_\_\_ Birth date \_\_\_\_\_

Child lives with (Name) \_\_\_\_\_ Relationship \_\_\_\_\_  
Child lives at (Address) \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Does your child take any routine, or occasional medications? If so, please list the meds, dosage, and why they are taken:**

\_\_\_\_\_  
\_\_\_\_\_

*Secondary school students need to be aware of their health history. Both parent and child should participate in answering the following questions. If you answer yes in any category, please explain on reverse side.*

**Please check any conditions below that apply to your child**

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

**Please feel free to contact Kim Lu, Middle School Nurse with any additional information.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_