

CORNWALL-LEBANON SCHOOL DISTRICT

105 E. EVERGREEN ROAD
LEBANON, PA 17042

**SECONDARY HEALTH HISTORY FORM
GRADE 11**

Parents/Guardians: The information requested will assist school personnel in assessing and determining the health status and 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, at your expense. Please use blue/black ink.

_____ Female _____ Male _____ Birth date _____

(Child's Name)

Child lives with (Name) _____ Relationship _____

Child lives at (Address) _____ Phone _____

Father's Name _____ Mother's Name _____

_____ **I request that my child be examined by his/her physician at my expense.** I will have the enclosed form completed by my family doctor and returned to the school **by October 1st.**

_____ **I request that my child be 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 I may be present.

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

Please check any conditions below that apply to your child: If you answer yes in any category, please explain below.

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

An 11th grade physical is mandated by the State of Pennsylvania. The student's diploma will be held upon graduation until this requirement is completed. Private/family physicals are due in the nurse's office by October 1st.

Name of Health Care Provider _____

Phone # _____

Parent/Guardian Signature _____

Date _____