



HEALTH HISTORY AND MEDICAL INFORMATION FORM

Please Print All 5 Forms in the Student Information Packet and Mail to:
160 Avenue of the Commons, Shrewsbury, NJ 07702

Child's Physician Information

Physician's Full Name

Address

Address (Line 2)

City

State

ZIP Code

Office Phone

**Emergency Hospital
Preference**

**Date of Most Recent
Physical Examination**

Child's Health History: Please Mark All That Apply.

Scarlet Fever	Yes	If Yes, At What Age?
	No	
Mumps	Yes	If Yes, At What Age?
	No	
Measles	Yes	If Yes, At What Age?
	No	
Bronchitis	Yes	If Yes, At What Age?
	No	
Strep Throat	Yes	If Yes, At What Age?
	No	
Diabetes	Yes	If Yes, At What Age?
	No	
Chicken Pox	Yes	If Yes, At What Age?
	No	
Sinusitis	Yes	If Yes, At What Age?
	No	
Asthma	Yes	If Yes, At What Age?
	No	
Allergies	Yes	If Yes, At What Age?
	No	
Hay Fever	Yes	If Yes, At What Age?
	No	
Hives	Yes	If Yes, At What Age?
	No	

**Does Child Have
Frequent Colds?**

**Yes
No**

**Please
Explain if Yes**

**Does Child Have
Frequent Ear Aches?**

**Yes
No**

**Please
Explain if Yes**

**Does Child Have
Frequent Stomach Aches?**

**Yes
No**

**Please
Explain if Yes**

**Does Child
Vomit Often?**

**Yes
No**

**Please
Explain if Yes**

**Does Child Run
High Fevers?**

**Yes
No**

**Please
Explain if Yes**

**Any Serious
Accidents?**

**Yes
No**

**Please
Explain if Yes**

Has Your Child Visited A Dentist? Yes
No

Date?

Has Your Child Had A Vision Test? Yes
No

Date?

Has Your Child Had A Hearing Test? Yes
No

Date?

Does Your Child Wear Eyeglasses? Yes
No

Does Your Child Wear Corrective Shoes? Yes
No

Does Your Child Receive Physical Or Occupational Therapy? Yes
No

Does Your Child Receive Speech Therapy? Yes
No

Allergy Information

If Child Is Allergic, How Does It Manifest?

Do You Know What Causes The Allergic Reaction?

Is Your Child Allergic To Peanuts? Yes
No

Is Your Child Allergic To Tree Nuts? Yes
No

Is Your Child Allergic To Dairy? Yes
No

Is Your Child Allergic To Wheat? Yes
No

Other Food Allergies? Please Explain

Does Your Child Require An Epi-Pen And Doctor's Orders? Yes
No

NOTE: If so, you will be required to provide all required medications and orders and meet with the staff prior to your child's entrance to school.

Please indicate any allergies to prescription or non-prescription medicines