

# Tisbury School Kindergarten and New Student Health History Form

Student's Name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Today's Date: \_\_\_/\_\_\_/\_\_\_

**Child's Birth Weight:** \_\_\_\_\_

Any complications or problems with this pregnancy or birth?

Please explain: \_\_\_\_\_

\_\_\_\_\_

**Please check any allergies your child has:**

- Bee stings
- Environmental – Please list: \_\_\_\_\_
- Foods – Please list: \_\_\_\_\_
- Latex
- Medications – Please list: \_\_\_\_\_
- Others: \_\_\_\_\_

**Does your child have a doctor's order for an EPI-PEN?** Yes  
No

**Are there any foods your child should/does not eat because of Family, religious or personal preferences?**

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

**Are you concerned about your child's weight?** Yes No

**Does your child have trouble sleeping?** Yes No

**Does your child have a condition which limits her/her physical activity?** Yes No

Please explain: \_\_\_\_\_

\_\_\_\_\_

**Has your child had any operations? Please give dates & details:**

- Appendix \_\_\_\_\_
- Tonsils, Adenoids \_\_\_\_\_
- Ear Tubes \_\_\_\_\_
- Other \_\_\_\_\_

**Please list any medications your child is currently taking:**

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

**Please check if your child has any of the following :**

- Speech concerns
- Hearing or ear problems
- Vision Problems
- Receives speech therapy
- Wears hearing aids
- Wears glasses

Instructions for wearing: \_\_\_\_\_

\_\_\_\_\_

**Please check any problems your child has had:**

- Asthma
- Broken bones or other bone/joint problems
- Cancer
- Congenital Abnormality
- Dental
- Eczema or other Skin Disorder
- Emotional
- Kidney, Bladder or other Urinary Tract Disorder
- Intestinal Disorders
- Serious Accidents
- ADHD
- Convulsions
- cystic Fibrosis
- Epilepsy
- Heart Condition
- Frequent Headaches
- Nose Bleeds
- Serious Head Injury

Please give dates & details: \_\_\_\_\_

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

Give dates if your child has had any of the following illnesses:

- Chicken Pox
- Measles
- Herpes
- Polio
- Rheumatic Fever
- Strep Throat
- Tuberculosis
- German measles
- Meningitis
- Mumps
- Pneumonia
- Scarlet Fever
- Tonsillitis
- Whooping Cough