

TRENTON PUBLIC SCHOOLS
Trenton, New Jersey
Office of School Health Services

SH 2

PUPIL HEALTH HISTORY

Pupil's Name _____ School _____ Grade _____
Birthdate _____ Sex _____ Identification Number _____
Address _____ Telephone _____
Parent/Guardian's Name _____ Telephone Work _____
Usual Care Provider: (check) Private Physician ___ HMO ___ H.J. Austin Health Center ___ Clinic ___
Doctor's Name _____ Telephone number _____

Health History and Development:

1. Length of pregnancy _____ months Delivery (circle one) Normal, Caesarian, Premature
Birth weight _____ lbs. _____ oz.
Problems at birth or delay sending newborn home. If yes, explain _____
2. Birth sequence of above child 1st _____ 2nd _____ 3rd _____ 4th _____ other _____
3. What age did your child walk _____ talk _____ toilet-train _____
4. Does your child have any of the following problems?
Vision _____ Hearing _____ Speech _____
5. Does your child take medications? Yes _____ No _____ If yes, explain _____
6. Is your child allergic to food, plants, dust, dogs, cats, bees, other? Yes _____ No _____
If yes, explain _____
7. Has your child had a serious injury? Yes _____ Year _____ No _____
If yes, explain _____
8. Has your child ever had an operation or medical procedure requiring outpatient services or
hospitalization? Yes _____ Year _____ No _____ If yes, explain _____
9. Has your child been tested for lead poisoning? Yes _____ No _____ Results _____

Disease History (Age)

Measles _____	German Measles _____	Mumps _____
Scarlet Fever _____	Whooping Cough _____	Asthma _____
Pneumonia _____	Ear Infections _____	Tuberculosis _____
Convulsions _____	Tubes in ears _____	Chicken Pox _____
Polio _____		Epilepsy _____
Heart Disease _____	Sickle Cell _____	
Anemia _____	Fractures _____	Frequent Sore throats _____
Frequent headaches _____	Liver Disease _____	Diabetes _____
Frequent nosebleeds _____	Lyme Disease _____	Tonsillitis _____

Any restrictions or limitations to physical activity? _____

Is there anything about your child's health not mentioned above that we should know?

Date _____

Signature of Parent/Guardian _____

CONFIDENTIAL INFORMATION

