

## Child's Health History Checklist

Child's Name: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date child was last seen by a doctor: \_\_\_\_\_

*This information is confidential and should be answered honestly. Answering these questions will help us to know if your child has any medical problem. Should he/she become ill while in our care, we need this information in the event emergency medical service is necessary. Thank you for your attention to this matter.*

### Pregnancy and Birth:

- Yes No Were there any medical problems during pregnancy or your child's birth?  
If yes, please explain: \_\_\_\_\_
- Yes No Did the child have any medical problems while in the hospital?  
If yes, please explain: \_\_\_\_\_
- Yes No Was his/her birth weight less than 5 and a half pounds?

### Medical History:

- Yes No Has your child ever been in the hospital overnight (aside from birth)?  
If yes, please explain: \_\_\_\_\_
- Yes No Does your child regularly take ANY medication?  
If yes, please explain: \_\_\_\_\_
- Yes No Has your child ever shown symptoms of asthma or wheezing?
- Yes No Can your child play as hard as other children?
- Yes No Does your child have any speech or hearing conditions?
- Yes No Does your child have any sight or eye conditions?
- Yes No Is your child prone to chronic ear infection (more than 2 per year)?
- Yes No Does your child have tubes in his/her ear(s)?
- Yes No Has your child ever been treated for tonsillitis?
- Yes No Has your child ever been diagnosed with a heart murmur or other heart condition?
- Yes No Has your child ever tested positive to a skin TB test or been exposed to someone with TB?
- Yes No Is your child a hemophiliac?

### Allergies:

- Yes No Does your child have any known allergies (food, medication, insect bites, etc.)  
If yes, please explain: \_\_\_\_\_
- \*Note: Allergy Action Plan required for all students with known allergies to food or insect bites

### General Development:

- Yes No Has your child ever been evaluated for a developmental delay?  
If yes, please provide us with a copy of that documentation.
- Yes No Has your child been formally diagnosed with any developmental delay?  
If yes, please explain: \_\_\_\_\_
- Yes No Does your child have any special needs or disabilities?  
If yes, please explain: \_\_\_\_\_
- Yes No Does your child get along well with others?
- Yes No Is your child usually content/happy?

I, \_\_\_\_\_, as this child's parent/guardian confirm that the information provided on this checklist is accurate and true to the best of my knowledge.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date