Student Health History

To be filled out by the Child's Physician

Student's Name _____ Date of Birth_____
Parent'sName _____ Today's Date _____
Address _____ City _____
State _____ Zip_____ Phone_____

Child's Physician _____ Office Phone _____
Office Address _____ City_____
State _____ Zip _____

Has the child been under the regular care of a physician? _____
Date of last physical examination _____
Height _____ Weight _____ Vision needs _____ Dental needs_____
Accidents _____
Operations _____
Allergies _____

Past/Present Illnesses: (Give approximate date of illness)

Chicken Pox _____ Rheumatic fever_____
Mumps _____ Epilepsy _____
Measles (red, hard) _____ Rubella (German measles) _____
Hay fever _____ Mumps _____
Asthma _____ Heart Disease _____
Diabetes _____ Cholera _____
Convulsion _____ Polio Myelitis _____
Kidney Disease_____ Bladder Disease _____
Sinusitis_____ Hepatitis _____
Meningitis _____ Eczema _____
Scarlet fever_____ Whooping cough _____
Diphtheria _____ Small Pox _____
Typhoid fever _____ Pneumonia _____
Other _____

Does the child have any other physical or mental conditions that should be known to school personnel? (Hearing, infections, earaches, digestive problems, Attention Deficit Disorder, etc.)

**Physician's Signature _____Date _____
Mail to: Happyland Preschool, 1605 S. Pueblo Blvd., Pueblo, CO 81005
Fax to: 719-564-0831