

# HEALTH ASSESSMENT FORM

(To be completed by parent/guardian)

**Student Name** (First, Middle, Last, Suffix): \_\_\_\_\_

**School:** \_\_\_\_\_

**Date of Birth** (mm/dd/yyyy): \_\_\_\_\_

**Gender:** Male:  Female:

**Grade:** \_\_\_\_\_

**Medical History** (check all that apply):

<input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Birth Complications <input type="checkbox"/> Chicken Pox	<input type="checkbox"/> Concussion <input type="checkbox"/> Congenital Disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Ear Infection <input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Heart Disease <input type="checkbox"/> Mental Health <input type="checkbox"/> Pneumonia <input type="checkbox"/> Seizures <input type="checkbox"/> Strep Infection <input type="checkbox"/> Tuberculosis
<b>Severe Injuries:</b>	<b>Surgeries (Name &amp; Date):</b>	<b>Other Significant Health History Concerns:</b>
<b>Vision Problems:</b>	<b>Hearing Problems:</b>	

**Allergies** Does your child have any allergies? Yes  No  If yes, please describe below.

	Allergy 1	Allergy 2	Allergy 3
What is your child allergic to?			
Describe the reaction:			
Describe the treatment:			
Is there a history of <b>ANAPHYLAXIS</b> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Health Insurance Information**

Does your child have health insurance? Yes  No

If yes, what is the name of the Insurance Company? \_\_\_\_\_

**NJ FamilyCare** provides free or low cost health insurance for uninsured children and certain low income parents. My signature below authorizes Ewing Public Schools to release my name and address to the NJ FamilyCare program so they can contact me about health insurance.

Does your child have a personal physician? Yes  No

If yes: Doctor's Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Students new to Ewing Public Schools must have a physical examination (refer to Doctor's Medical Form). Also, students must provide a copy of immunizations.** If you are transferring from a school within the State of NJ, you must provide a copy of immunization upon registration. If you are transferring from out of state or country, you must provide an immunization record within 30 days. If you do not have insurance to cover the cost of the required physical, our school doctor can perform the physical for you.

**Medications**

**Medication to be Taken at School** (if any):  
(Indicate name, dose, frequency and reason)

- 1.
- 2.
- 3.

**Note:** You must provide a physician's written order for medication to be administered at school. Please ask nurse for a **Medication Form**.

**Medication Taken at Home** (if any):  
(Indicate name, dose, frequency and reason)

- 1.
- 2.
- 3.

May we share pertinent health information with school staff? Yes  No

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_