

**EWING TOWNSHIP PUBLIC SCHOOLS**

**Health Assessment Form**

Student \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_ Male Female

**To be completed by parent or guardian.**

Health History: Please indicate if the child has had any of the following diseases.

_____ Measles	_____ Diabetes	_____ Epilepsy
_____ Mumps	_____ Asthma	_____ Fractured Skull
_____ Chicken Pox	_____ Tuberculosis	_____ Concussion
_____ German Measles	_____ Heart Disease	_____ Fainting Spells
_____ Scarlet Fever	_____ Pneumonia	_____ Back Injury
_____ Poliomyelitis	_____ Convulsions	_____ Ear Infection
_____ Rheumatic Fever		

Family history of Tuberculosis: No \_\_\_\_\_ Yes \_\_\_\_\_  
 Vision Problems: No \_\_\_\_\_ Yes \_\_\_\_\_ Speech Problems: No \_\_\_\_\_ Yes \_\_\_\_\_  
 Allergies: : No \_\_\_\_\_ Yes \_\_\_\_\_ Kind: \_\_\_\_\_  
 Severe Injuries: \_\_\_\_\_ Operations: (Date & Name) \_\_\_\_\_

Does the student receive any medication regularly? No \_\_\_\_\_ Yes \_\_\_\_\_  
 Name: \_\_\_\_\_ Reason: \_\_\_\_\_

Any other significant history your wish to include: \_\_\_\_\_

Students new to our school system are **required** to have a physical examination. This must be completed by your own personal Physician. If you do not have a personal physician please contact your school nurse.

\_\_\_\_\_  
 Father's Name Mother's Name  
 \_\_\_\_\_  
 Street address Zip Code Phone Number

**During school hours, parents can be reached at:**

\_\_\_\_\_  
 Father's Employment & Phone Mother's Employment and Phone

**In case of emergency and parent cannot be reached, notify:** (Please list two)

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone

\_\_\_\_\_  
 Family Physician or Medical Group Address Phone

\_\_\_\_\_  
 Date Signature of Parent or Guardian

c: School Nurse