

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