

HEALTH FORM
STUDENT'S NAME

SAINT ANNE'S SCHOOL -- GARDEN CITY, NY
BIRTHDATE PLACE OF BIRTH

ADDRESS	PHONE NUMBER	SEX GRADE
SCHOOLS PREVIOUSLY ATTENDED		
DOCTOR (NAME AND TELEPHONE)		

ADULTS IN HOUSEHOLD (NAMES)	AGE	OCCUPATION	WORK PHONE	HEALTH PROBLEMS
MOTHER				
FATHER				
GUARDIAN				

CHILDREN IN HOUSEHOLD (NAMES)	AGE	SCHOOL	HEALTH PROBLEMS

STUDENT HEALTH HISTORY

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? PLEASE CHECK AND EXPLAIN BELOW.

	YEAR		YEAR		YEAR
ALLERGIES (SPECIFY)		FIFTHS DISEASE		WHOOPIING COUGH (PERTUSSIS)	
ASTHMA		HEART DISEASE		TUBERCULOSIS	
EAR CONDITIONS		IMMUNOSUPPRESSION		CONTACT WITH TB	
FREQUENT COLDS & SORE THROATS		KIDNEY DISORDER		BIRTH COMPLICATIONS	
CONVULSIONS		LYME DISEASE		PREMATURITY	
ANEMIA		PNEUMONIA		CONGENITAL DEFECTS	
CHICKEN POX		RHEUMATIC FEVER		HOSPITALIZATIONS (SPECIFY)	
DIABETES		SEIZURE DISORDER		SERIOUS INJURY (SPECIFY)	

EXPLANATION

MEDICATIONS

HAS YOUR CHILD HAD ANY OF THE PROBLEMS IN THE AREAS LISTED BELOW? PLEASE CHECK AND EXPLAIN.

VISION	SPEECH	OTHER (SPECIFY)
HEARING	ORTHOPEDIC	
LEARNING DISABILITY	EMOTIONAL DISTURBANCES	

ARE ANY OF THE ABOVE PRESENT IN YOUR FAMILY? IF SO, PLEASE EXPLAIN.

HAS YOUR CHILD RECEIVED PROFESSIONAL SERVICES FOR THE ABOVE?

PARENT'S CONCERNS ABOUT CHILD. PLEASE CHECK.

RESTLESS, OVERACTIVE	NERVOUS MANNERISMS (TICS, ROCKS, ETC)	WITHDRAWN
IMMATURE	SUCKS THUMB, BITES NAILS	IMPULSIVE
TEMPER TANTRUMS	AGGRESSIVE	CRIES EASILY
DAYDREAMS	DESTRUCTIVE	POOR SELF IMAGE

PLEASE ADD ANY ADDITIONAL PERTINENT INFORMATION/CIRCUMSTANCES, THAT MAY HAVE AFFECTED YOUR CHILD.

SIGNED (PARENT OR GUARDIAN)	DATE
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