

**SPRINGFIELD SCHOOL DISTRICT
SPRINGFIELD, PA 19064**

HEALTH HISTORY FORM FOR KINDERGARTEN AND NEW ENTRANTS

Dear Parents:

The following information is needed by the school for the health record of your child and in assisting him/her to receive the maximum benefits from school.

Name of Child _____

Address _____

Telephone _____ Child's Birthdate _____

Father's Name _____ Mother's Maiden Name _____

Has your child had any of the following:

Allergy _____ Chicken Pox _____

Recurring Illness _____ German Measles _____

Operations _____ Measles _____

Emotional Problems _____ Mumps _____

Serious Accidents _____ Polio _____

Eyeglasses (if so, how long) _____ Rheumatic Fever _____

Tuberculosis (any family member) _____ Scarlet Fever _____

Whooping Cough _____

List any other medical problems you feel should be known _____

Students in kindergarten and new entrants are required to have a complete physical examination. It is recommended that this examination be made by the family physician.

Physical will be given by: Family Physician _____

School Physician _____

Date _____ Signature of Parent _____

Revised: July 2009