HEALTH OFFICE
CAMBRIDGE CENTRAL SCHOOL

This is a Health History Form used by our school health staff. Please fill it our completely.

Child's Legal Name (first, middle, last)_____
Date of Birth _____Birthplace_____
Home Address_____
Child resides with: ___both parents ___Mother ___Father ___ other (explain)
Home phone _____ Mother's work #_____ Father's work # _____
Father's Name_____ Date of Birth _____
Mother's Name _____ Date of Birth_____
Guardian/Step-Parent's Name _____
Name of Child's Doctor _____ Phone # _____
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
Has your child ever had the following: (please check if yes and **explain** on the back of this page.)

___Asthma
___ADD/ADHD
___Allergies
___Dental Problems
___Diabetes
___Eye Problems
___Ear Problems/Hearing Difficulty
___Emotional Problems
___Ever been hospitalized (explain)
___Heart Disease/heart murmur
___Operations (please explain)
___Pneumonia
___Serious injuries
___Seizure disorder
___Tuberculosis
___Other

Childhood Disease ___Chickenpox ___Other
Please use the back of this form to explain any checks above and / or if there is anything else you would feel we should be aware of.

Does your child take medication on a regular basis? If yes what and why? _____ _____. Does your child see a dentist regularly? __Yes __no.

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New York State Law requires that all children entering school show proof of having received the following immunizations: 3 DPT's, 3 Polio Vaccines, 2 Measles, 1 Mumps, 1 Rubella, 3 Hepatitis B Vaccines, and 1 Varicella vaccine. Please bring proof such as an immunization record with you when you register your child.

May our school nurses share this information with our staff on a need to know basis? ____Yes ___ No

_____
Parent Signature