

Nutley Public Schools
Student Health History and Record Status

Student _____ Date of Birth _____

Address _____ Town _____ Zip _____

Date of Entry _____ Grade _____

Parent(s) or Guardian(s) Name _____ Phone _____

Name and Address of Previous School _____

Prenatal/Development History

List any significant problems during pregnancy or newborn period _____

List any significant developmental delays _____

Family History

This child is # _____ of _____ children. Recent changes in family life _____

List any custody problems or visitation limitations (court papers must be supplied, if applicable) _____

List chronic diseases in family (include grandparents) _____

Habits and Personality

Please describe this child in terms of temperament and attitudes _____

List any specific information about this child which you would like the school to know _____

Medical History

Allergies _____ Diabetes _____ Heart Disease _____

Drug Sensitivities _____ Lyme Disease _____ Otitis Media _____

Hepatitis _____ Rheumatic Fever _____ Strep _____

Mononucleosis _____ Chickenpox _____ Asthma _____

Hearing Problems _____ Convulsive Disorders _____ Vision Problems _____

Neuromuscular Problems _____ Operations _____

Special Conditions or Problems _____

Medication taken regularly and reason _____

Signature of Parent or Guardian

Date

For School Nurse:

Immunizations Complete

Needs Physical

Needs Mantoux

Original Health
Record Received

Yes No

Yes No

Yes No

Yes No