

Norwich City Schools, Norwich NY
New Student Health History (for School Nurse)

Grade _____
Age _____

School Year _____

A well child physical examination is required for all entering kindergarteners.

Student's Name: _____

Mailing Address: _____

Residence Location: _____

Home Phone: _____ Date of Birth: _____

Student's Doctor: _____ Student's Dentist: _____

Doctor phone #: _____ Dentist phone #: _____

Has the student had any illness, corrective treatment, or dental care this past year? _____

Please list and give dates: _____

Does he/she wear glasses? _____ Nearsighted or farsighted? _____

What was the term of pregnancy for this child? 9 months: _____ other: _____

Was the delivery normal? _____ Were there any unusual circumstances? _____

Were there any complications? _____

What was the birth weight? _____ What was the birth length? _____

Is there anything concerning the health of your child which the school should know in order to adjust the school program? _____

Please check if the student has now or has had the following illnesses. Give dates if possible.

Chicken Pox _____	Scarlet Fever _____	Strep Throat _____
Measles _____	German Measles _____	Mumps _____
Seizures _____	Diphtheria _____	Bronchitis _____
Anemia _____	Ear Infections _____	Rheumatic Fever _____
Diabetes _____	Poliomyelitis _____	Pneumonia _____
Heart Disease _____	Whooping Cough _____	Tuberculosis _____
Asthma _____	High Blood Pressure _____	Sickle Cell Anemia _____

Allergies? Is so, what? _____

Operations? Explain: _____

Serious Injury? Explain: _____

Bee Sting or Insect Bite Reaction? _____

Is your child taking any medications? _____ If "yes" please list: _____

We will request immunization records from your child's former school. Records must be received within 2 weeks to avoid entry restrictions from school.

Required Immunizations: Diphtheria, Tetanus, Pertussis} 5 doses (usually administer as DTP, DTaP, DT or Td)
Polio} 4 doses
Chicken pox vaccine-required for any child born on or after 1/1/1998 – 2 doses
Measles} 2 doses if born on or after 01/01/1985 (usually given as #2MMR)
Hepatitis B} Series of 3 does if born on or after 01/01/1993

***See School Calendar and Parents Guide or Health Services brochure for additional information.**

Parent Signature: _____ Date: _____