

**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 DOB _____

Father's Name _____ Mother's Maiden Name _____

Has your child had any of the following:

Allergy _____

Recurring Illness _____

Operations _____

Emotional Problems _____

Serious Accidents _____

Eyeglasses (If so, how long) _____

Tuberculosis (any family member) _____

Whooping Cough _____

Chicken Pox _____

German Measles _____

Measles _____

Mumps _____

Polio _____

Rheumatic Fever _____

Scarlet Fever _____

List any other medical problems you feel should be known

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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 _____ Parent Signature _____