



MANHEIM CENTRAL SCHOOL DISTRICT

281 White Oak Road
Manheim, Pennsylvania 17545

(717) 664-8540 FAX (717) 665-8539
www.manheimcentral.org

Health History

Leslie Drummond, CSN Kristine Ricci, LPN High School V: 664-8422 F: 664-8420	Angela Forwood, CSN Renee Huhn, LPN Middle School V: 664-1700 F: 664-1859	Deneen Ostasewski, CSN Bethany Van Schoick, RN Doe Run Elementary V: 664-8813 F: 664-8860	Kristin Shearer, LPN Baron Elementary V: 665-8904 F: 665-8909
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Last Name	First	Middle	Birthdate	Gender (M/F)
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Street Address	City,	State	Zip
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Father's Name	Phone	Mother's Name	Phone
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Parent/Guardian with whom child resides (if different from above)	Phone
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1. Is child under treatment for a skin problem (ex: Psoriasis, eczema)? Yes No
 What disorder and what treatment will be needed at school? _____

2. Does child have any allergies to medicine, food, bee stings, pollens, etc? Yes No
 If yes, please list: _____

3. Does child have any trouble with his/her eyes or seeing? Yes No
 If yes, does child have glasses? Yes No
 Will child require special seating in class? Yes No

4. Does child have any trouble with his/her ears or hearing? Yes No
 If yes, describe: _____
 Does child have hearing aids? Yes No
 Will child require special seating? Yes No

5. Does child get frequent colds or throat infections with a fever? Yes No
 Were child's tonsils ever removed? Yes No

6. Was child ever diagnosed with pneumonia? Yes No
 If yes, when? _____

7. Has child ever had a convulsion or fit (seizure)? Yes No
 If yes, please list what type (epileptic, febrile). _____
 Medication child is on? _____
 What special restrictions, meds, or care will need to be provided at school for child? _____

8. Does child complain frequently of headaches? Yes No
 If yes, what medication or special care will be needed at school? _____

9. Has child ever had a fainting spell? Yes No

If yes, was child treated by a doctor? Yes No
 Restrictions at school: _____

10. Does child have a heart murmur that requires doctor's care? Yes No
 If yes, please list restrictions or special care needed at school _____

11. Does child have asthma or wheezing? Yes No
 If yes, list medication or inhaler(s) needed at school: _____

12. Is your child toilet trained? If no, describe: _____ Yes No
 Does child have any bladder or kidney problems? Yes No
 If yes, please describe: _____
 Special care needed at school: _____

13. Has child been diagnosed with juvenile rheumatoid arthritis? Yes No
 If yes, please indicate care required at school? _____

14. Does child have frequent trouble sleeping? Yes No

15. Is child Diabetic? Yes No
 If yes, when was child diagnosed and what special care is needed at school? _____

16. Has child been diagnosed with ADD or ADHD, or another condition? Yes No
 If yes, please describe: _____
 Special care or treatment needed at school: _____
 Medications: _____

17. Has child been diagnosed with Tourette's syndrome? Yes No

18. Has child been diagnosed or treated for tuberculosis? Yes No

19. Has child ever been in the hospital or had an operation? Yes No
 If yes, indicate when and what for: _____

20. Has child had other illnesses, accidents, or fractured bones? Yes No
 If yes, please describe: _____

21. Does child require any other restrictions, special care, or medications at school other than listed above?
 If yes, please describe: _____

REQUIRED PHYSICAL EXAMINATION FOR ENTRY INTO SCHOOL
Kindergarten, Sixth, and Eleventh Grades

The Pennsylvania School Health law requires children upon original entry to school and in the sixth and eleventh grades to have a complete physical exam. Dentals are required upon original entry to school, in the third and seventh grades.

Please check one of the following:

_____ I wish to have my family doctor examine my child at my own expense.

_____ I wish to have the school doctor examine my child.

_____ I wish to have the school dentist examine my child.

 Signature of Parent/Guardian

 Date