



"We Inspire and Empower Learners"

# NORTH ROYALTON CITY SCHOOLS

## School Entrance Health History and Immunization Information

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Previous School: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

### Immunization Information

Please attach a copy of your child's immunization record

### Health History

**All items must be answered (i.e. Yes, No, N/A)**

Allergies – List and describe reactions:

Insect Stings \_\_\_\_\_  
 Food/plants/animals \_\_\_\_\_  
 Medications \_\_\_\_\_  
 Recommended treatment \_\_\_\_\_

Asthma \_\_\_\_\_ Treatment required \_\_\_\_\_

Bone/joint disorder \_\_\_\_\_

Blood disorders \_\_\_\_\_

Cancer \_\_\_\_\_ Explain \_\_\_\_\_

Convulsions/seizures \_\_\_\_\_ Frequency \_\_\_\_\_ Medication \_\_\_\_\_

Diabetes \_\_\_\_\_ Age of onset \_\_\_\_\_ Treatment \_\_\_\_\_

Ear Infections \_\_\_\_\_ Frequency \_\_\_\_\_ Age of last infection \_\_\_\_\_ Tubes \_\_\_\_\_

Hearing problems \_\_\_\_\_

Heart Disease \_\_\_\_\_ Describe \_\_\_\_\_

Chicken pox disease \_\_\_\_\_ Date \_\_\_\_\_

Kidney Disease \_\_\_\_\_ Describe \_\_\_\_\_

Nervous system disorder \_\_\_\_\_

Skin disorder \_\_\_\_\_ Describe \_\_\_\_\_

Stomach/intestinal disorders \_\_\_\_\_ Describe \_\_\_\_\_ Date of last infection \_\_\_\_\_

Strep infections \_\_\_\_\_ Frequency \_\_\_\_\_ Date of last infection \_\_\_\_\_

Vision problems \_\_\_\_\_ Describe \_\_\_\_\_

Treatment \_\_\_\_\_ Glasses: No \_\_\_\_\_ Yes \_\_\_\_\_ Near/Far

Other physical disabilities: Describe \_\_\_\_\_

Past Hospitalizations/Surgeries: \_\_\_\_\_

Other medical conditions? No \_\_\_\_\_ Yes \_\_\_\_\_ Describe \_\_\_\_\_

Medications: Please List (If any medication needs to be administered in school, physician must complete school form)

| Name  | Dose  | Time Taken | Reason for Medication |
|-------|-------|------------|-----------------------|
| _____ | _____ | _____      | _____                 |
| _____ | _____ | _____      | _____                 |

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_