¡HoLa! HOBOKEN Dual Language Charter School
La escuela charter de dos idiomas

TO BE COMPLETED BY PARENT

HEALTH HISTORY 2015-2016

STUDENT'S LAST NAME _____ FIRST NAME _____

BIRTHDATE:_____ GRADE (2015-16):_____

1. Is your child currently under the care of a medical doctor or specialist? If yes, for what reason?

   ☐ Yes ☐ No _____

2. Has your child ever been hospitalized for illness or surgery? Is yes, for what reason and when?

   ☐ Yes ☐ No _____

3. Does your child take any medication on a daily basis? If so, what and for what reason?

   ☐ Yes ☐ No _____

4. Does your child have any condition which would restrict participation in physical education classes and/or other strenuous activities? If yes, please explain.

   ☐ Yes ☐ No _____

5. Does your child have now or have they ever had behavioral or emotional issues? ☐ Yes ☐ No

6. Does your child have or ever have had:

Seasonal Allergies	☐ Yes ☐ No If yes, please specify:_____		
Food Allergies	☐ Yes ☐ No If yes, please specify:_____		
Lyme Disease	☐ Yes ☐ No		
Asthma	☐ Yes ☐ No	Mononucleosis	☐ Yes ☐ No
Blood Disorder	☐ Yes ☐ No	Muscular Problems	☐ Yes ☐ No
Bronchitis	☐ Yes ☐ No	Neurological Problems	☐ Yes ☐ No
Chicken Pox	☐ Yes ☐ No	Nosebleeds	☐ Yes ☐ No
Congenital Defects	☐ Yes ☐ No	Orthopedic problems	☐ Yes ☐ No
Diabetes	☐ Yes ☐ No	Pneumonia	☐ Yes ☐ No
Glasses/Contacts	☐ Yes ☐ No	Rheumatic Fever	☐ Yes ☐ No
Headaches	☐ Yes ☐ No	Seizures	☐ Yes ☐ No
Hearing aid	☐ Yes ☐ No	Serious illness	☐ Yes ☐ No
Hearing problems	☐ Yes ☐ No	Speech impairment	☐ Yes ☐ No
Heart Condition	☐ Yes ☐ No	Tuberculosis	☐ Yes ☐ No
Hepatitis	☐ Yes ☐ No	Vision problems	☐ Yes ☐ No

If yes to any of the above, please explain: _____
Birth date _____/_____/_____ Birth Weight _____lb. _____oz. Full Term or Premature

Were there any problems during pregnancy or birth? _____

Explain _____

8. Does this child have any health insurance including NJ Family Care/Medicaid, Medicare, private or other?
   ☐ **Yes** If yes, name of insurance company _____ ☐ **No**

9. ***Please notify School Nurse of any medical problems, serious illness, communicable disease, or if your child receives any immunizations. Also, please note that New Jersey law requires <u>both</u> doctor and parent permission for taking medication in school. Without <u>both</u> signed permission statements, the nurse CANNOT give the medication <u>even if you send it to school</u>.***

Parent/Guardian #1 Signature _____ Date _____

Parent/Guardian #2 Signature_____ Date _____

Note: As mandated by the New Jersey Department of Health, <u>Kindergarteners</u> need their immunizations up to date and <u>6th graders</u> need to have their Tdap and Meningococcal administered. Failure to do so before the beginning of the school year will result in the student being excluded from school.