

Pre K - Kindergarten Health Screening

Year: _____

RSU # 16

Dear Parent, please fill out this health history for your child and bring it on kindergarten screening day.

Student's Name _____ DOB _____ Sex _____

This child is# _____ in the family Brothers# _____ Sisters# _____

Student's Physician _____ Phone # _____

1. With whom does the child live? _____

2. How is health care provided for this student?

___ Employment insurance

___ Private insurance

___ Social Security Insurance

___ MaineCare

___ Other

Please provide policy # _____

3. When did your child last have a physical exam? _____

Reason for exam ___ Routine physical

___ Illness/Injury

___ Immunization

___ Other _____

4. Does your child have any health issues?

___ Allergies ___ Diabetes ___ Injury ___ Sickle Cell Anemia

___ Asthma ___ Hearing ___ Vision ___ Emotional/Mental Health

___ Anemia ___ Heart ___ Seizures

Explain _____

5. Does your child have any SERIOUS allergy or reaction to:

Foods Yes/No List: _____

Medicines Yes/No List: _____

Environment Yes/No List: _____

Bee Stings Yes/No List: _____

Latex Yes/No List: _____

Other List: _____

SERIOUS ALLERGIES MUST BE ACCOMPANIED BY A DOCTOR'S NOTE/PLAN

6. Does your child take medication? (Include inhaler/epipen)

Name of medication(s) _____

7. Were there any problems during labor/delivery?

8. Has this child been hospitalized for any reason since birth? Yes/No

Explain _____

9. Does any close relative have a history of: (Indicate relationship)

_____ Anemia	_____ High blood pressure
_____ Birth defects	_____ Learning problems
_____ Cancer	_____ Mental retardation
_____ Diabetes	_____ Sickle cell anemia
_____ Epilepsy	_____ Heart disease
_____ Other _____	

10. Any problems at home that might affect your child's learning?

11. Is there anything else about your child's health that you think is important for us to know? _____

Parent Signature _____ Date _____