

Pre K Health Update  
RSU # 16

Year: \_\_\_\_\_

Dear Parent, please fill out this health history for your child and bring it on registration 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 \_\_\_\_\_