

Ohio School Health History

To be completed by parent or guardian

School _____

Enrolled _____

Withdrawn _____

Child's full name		Last	First	Middle
Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birthdate	Month Day Year
Child's address				
Father's name				
Father's address				
Father's home phone		Father's work phone		Father's cell phone
Mother's name				
Mother's address				
Mother's home phone		Mother's work phone		Mother's cell phone
With whom does child live?		Name	Address	

FAMILY HISTORY

Please list this child's brothers and sisters

Name	Birth Year	Sex	Name	Birth Year	Sex
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

PERINATAL HISTORY

Did the mother have any unusual physical or emotional illness during this pregnancy?

Yes No If yes, explain briefly.

How old was the mother
When this child was born?

Was this infant born:
 Full Term Early
 Late

What was this infant's
birth weight?

Did the infant have any sickness or problems while in the nursery?

Yes No If yes, explain briefly.

DEVELOPMENTAL HISTORY

Please give the approximate age at which this child:

walked alone _____ spoke in sentences _____
 was toilet trained _____ dressed self _____

How does this child's development compare to other children, such as his or her Brothers/sisters or playmates.

about the same slower faster

Effective, Kindergarten 2006:

IMMUNIZATION RECORD

5-DPT, 4-Polio, 2-MMR, 3 Hepatitis B, 1 Varicella, 4-HIB

TYPE	DATE
DTaP/DPT/DT or Td	
Polio	
MMR Combined	
Hepatitis B	
Varicella Vaccine	
HIB (prior to age 5 only)	
Tuberculin Skin Test	
Other (Identify)	