

Watervliet Elementary School  
2557 10<sup>th</sup> Ave  
Watervliet NY 12189

Health History

Date : \_\_\_\_\_ Grade : \_\_\_\_\_

Name : \_\_\_\_\_ Sex : \_\_\_\_\_

Date of birth : \_\_\_\_\_ Place of birth : \_\_\_\_\_

Father : \_\_\_\_\_ Phone : \_\_\_\_\_ Work : \_\_\_\_\_

Address : \_\_\_\_\_

Mother : \_\_\_\_\_ Phone : \_\_\_\_\_ Work : \_\_\_\_\_  
maiden

Address : \_\_\_\_\_

Family doctor : \_\_\_\_\_ phone : \_\_\_\_\_

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date date  
Chicken pox \_\_\_\_\_ Pneumonia \_\_\_\_\_  
Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_  
Scarlet or Rheumatic Fever \_\_\_\_\_ Ear conditions \_\_\_\_\_  
Frequent colds/sore throats \_\_\_\_\_ Asthma \_\_\_\_\_  
ADHD /ADD \_\_\_\_\_ Allergies \_\_\_\_\_

Please list any medications your child is taking \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Operations \_\_\_\_\_  
\_\_\_\_\_

Serious Injuries (Stitches, Broken Bones etc... what and when) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other medical condition or problem you feel the nurse should be aware of ?  
\_\_\_\_\_  
\_\_\_\_\_

Vr 20/ \_\_\_\_\_ VI 20/ \_\_\_\_\_ MB P / F Hr \_\_\_\_\_ HI \_\_\_\_\_