## Afterschool Child's Health History Form

## GRADE K THRU 5



Child's Name			Date of Birth	Parent's/Guardian's Name
she sh	ould bec		anable to reach your right away. Please circ d.	roblems. We need this information in case he/le the appropriate answer. We will go over the
			PREGNANCY AND BIRTH	
YES	NO			
	1. Were there any problems with pregnancy or child birth?			
	2. Was his/her birth weight under 5½ pounds?			
	1. Were there any problems with pregnancy or child birth?  2. Was his/her birth weight under 5½ pounds?  3. Did he/she have any problems in the hospital?  MEDICAL PROBLEMS  NO  4. Has your child ever been hospitalized?			
			MEDICAL PROBLEMS	
YES	NO			
		4. Has your child eve	r been hospitalized?	
		5. Is your child taking any medications?		
	7. Has your child had asthma or wheezing?			
	8. Does your child have speech or hearing problems?			
	□ □ 13. Does your child have a burning sensation when urinating?			
			ve seizures, fits, or shaking spells?	
			en told your child has a heart murmur?	
			play as hard as other children?	
			had a bumpy, swollen reaction to the TB s	skin test?
	18. Has your child ever been with anyone having TB?			
□ □ 19. Has your child ev				
	□ □ 21. Is your child a hemophiliac (free bleeder)?			ttom or genitals red or sore?
□ □ 22. Is your child on a heart monitor?				
		☐ 23. Does your child have tubes in his/her ears		
		9/2	OLDER GIRLS	
YES	NO			P.Y'
		24. How old was your	daughter when she had her first period?	
			problems with her period?	
		,	' 'O'   'A'	
YES	NO		GENERAL DEVELOPMENT	
		24 To worm abild in a or	pecial education class in school?	
		,		
_		26. Is he/she usually h	t along with other children?	
			appyr ve any special problems not indicated abov	o) If VES places explains
<u></u>	Ш	27. Does your child ha	ve any special problems not indicated above	er II 1 E.S., piease explain:
		28. When did your chil	d last see a doctor? Month	20
	Sig	nature of Parent or Legal (	Guardian	 Date