Masada Charter School

365 West Cannon Ave. Box 2277 Centennial Park AZ 86021

Student Information for Health & Developmental History

Personal Information

Student:_____ D.O.B. _____ [M] [F] Date Completed: _____
Father's Name _____ Mother's Name_____
Street Address _____City_____State_____Zip_____
Home Telephone # _____ Work Phone # _____
Medical Allergies_____
_____.
Medical Conditions_____
_____.

Birth History

Did you have any illnesses during the pregnancy? Y N Explain _____
Did the baby come on time? Y N Explain _____
Were there any problems with the delivery Y N Explain _____
Did the baby have a birth defect? Y N Explain _____
Baby's Birth weight: [ ] lbs [ ] oz [ ] length
Number of previous Pregnancies [ ] Miscarriages [ ] Still births [ ]

Health History

Has your child ever had the following?

[ ] Chicken pox _____ [ ] Asthma [ ] Rheumatic Fever [ ] Serious Accident
[ ] Mumps [ ] Seizures [ ] Scarlet Fever [ ] Hospitalization
[ ] Whooping Cough [ ] Diabetes [ ] Strep Infection [ ] Poison Ingestion
[ ] Measles [ ] Tuberculosis [ ] Ear Infections [ ] Other:
[ ] Rubella [ ] Anemia [ ] Kidney Infections _____

Is your child currently taking medicine? Y N List _____
Is your child allergic to anything? Y N List _____
Have any of your children died? Y N Explain _____

Has your child been:	**slow**	**average**	**fast**
Walking	[ ]	[ ]	[ ]
Talking	[ ]	[ ]	[ ]
Schoolwork	[ ]	[ ]	[ ]
Getting along with others	[ ]	[ ]	[ ]

Has your student had problems with the following:

[ ] Coordination [ ] Teeth
[ ] Sight [ ] Hearing
[ ] Fainting [ ] Accidents

Family Health History

Has any blood relative on either side of the family had any of the following?

[ ] Asthma [ ] Heart disease [ ] Kidney disorder [ ] Seizures
[ ] Cancer [ ] Heart attack [ ] Mental disorder [ ] Other hereditary disorders:
[ ] Diabetes [ ] Hearing defect [ ] Allergies _____

Immunization History

	Date	Date	Date	Date	Date
DTaP/Td					
IPV/OPV					
MMR					
HiB					
Hep B					
HepA					
Varicella					
Pneumo					

Immunization records are on file at:_____

* If claiming exempt from immunizations for this child, a signed exemption statement must be on file at the school.
[ ] No, I do not request exemption
[ ] Yes, I claim exemption and have signed the exempt statement.

Parent Signature: _____ Date: _____

Reviewed by Health Provider: _____ Date: _____