

Pittsburgh New Church School

Rev. 5/1/09

Health History Form

(One form to be filled out for each student)

Child's Name: _____ Date of Birth: _____

Has your child had any serious illnesses, operations or injuries? Yes _____ No _____

What for and when: _____

Apart from vitamins, is your child taking any medications, tablets or drugs? Yes _____ No _____

What and what for: _____

Does your child need to take medication(s) at school? Yes _____ No _____

(If so, you will need to complete our medication form).

Does your child need a special diet, have any food allergies or have any special needs regarding eating at school? What: _____ Yes _____ No _____

Is your child allergic to anything, such as plants, insects or medicine? Yes _____ No _____

What: _____

Are the allergies life-threatening requiring an Epi-pen at school? Yes _____ No _____

Does your child have any other special health needs the school should know about? Yes _____ No _____

What: _____

Does your child have special needs regarding vision? Yes _____ No _____

Glasses: _____ Contact Lenses: _____
Constantly: _____ For Reading: _____ Other: _____

Does your child have special needs regarding hearing? Yes _____ No _____

What: _____

Are your child's immunizations up-to-date? Yes _____ No _____

If no explain: _____

Does your child have a history of: (If yes, check here and give particulars on an attached separate piece of paper.)

Frequent Sore Throats _____	Frequent Headaches _____	Bronchitis _____	Rheumatic Fever _____
Heart Disease _____	Fainting Spells _____	Hepatitis _____	Thyroid Malfunction _____
Emotional Problems _____	Mononucleosis _____	Anemia _____	Diabetes _____
Kidney Disease _____	Skin Disease _____	Asthma _____	Hives _____
Stomach Problems _____	Psychiatric Problems _____	Convulsions _____	Lack of Coordination _____
Earaches or infections _____	Hearing Loss _____	Other _____	

Number of children in family: _____ Child's position in family: _____ Number of children in PNCS: _____

Doctor to be notified: Name: _____ Telephone: _____

Hospital you prefer your child go to, if choice is possible: _____

Parent/Guardian Signature: _____

Date form filled out: _____ Date of update/change: _____

Immunization Requirements

School: Pittsburgh New Church School

Grade: _____

Sex: M ___ F ___

Student: _____

Allegheny County Health Department new immunization requirements phased in August 31, 2008.

Immunization requirements for all grades kindergarten through 12th grade. Check marks are not acceptable. Please enter month, day and year each immunization was given. The following should include at least:

- 4 doses of Tetanus (1 dose after the 4th birthday); 3 doses if series started after 7 years of age
- 4 doses of Diphtheria (1 dose after the 4th birthday); 3 doses if series started after 7 years of age
- 3 doses of Polio
- 2 doses of Measles
- 2 doses of Mumps
- 1 dose of Rubella
- 3 doses of Hepatitis B
- 2 doses of Varicella or written statement from physician indicating month and year of disease or serologic proof of immunity

Grades 7-12 (in addition to the above vaccines)

- ◆ 1 dose of tetanus/diphtheria/pertussis (Tdap)
- ◆ 1 dose meningitis vaccine (MCV4)

Immunizations	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose
Tetanus				
Diphtheria				
Polio				
Measles				
Mumps				
Rubella				
Hepatitis B				
Varicella				
Tetanus/Diphtheria/Pertussis (Tdap)				
Meningitis (MCV4)				

Physicians Signature _____

Date _____