

HEALTH HISTORY AND APPRAISAL

Name of Child (Last, First, M.I.) _____ Date of Birth (Mo/Day/Yr) _____ Sex Male Female

PARENT OR GUARDIAN NAME _____ TELEPHONE NO. _____
 ADDRESS _____

VACCINE TYPE	DISEASE DATE	1 st Dose Mo/Day/Yr.	2 nd Dose Mo/Day/Yr.	3 rd Dose Mo/Day/Yr.	4 th Dose Mo/Day/Yr.	5 th Dose Mo/Day/Yr.	Mo/Day/Yr
DIPHTHERIA, TETANUS, PERTUSSIS - DTP <small>*(If DT or Td, indicate in corner box)</small>							
POLIO ORAL POLIO VACCINE (OPV) <small>If Salk Vaccine, indicate (IPV) in corner box</small>							
MEASLES, MUMPS, RUBELLA (MMR)					Serology		
MEASLES					Measles	Date: _____	Titer: _____
RUBELLA					Rubella	Date: _____	Titer: _____
MUMPS					Mumps	Date: _____	Titer: _____
HAEMOPHILUS B (HIB)**							
HEPATITIS B					Hepatitis B	Date: _____	Titer: _____
VARICELLA					Varicella	Date: _____	Titer: _____
PNEUMOCOCCAL (PCV)							
INFLUENZA							
Other (Specify)							

Provisional admission attached-Date Granted: _____ Medical exemption attached Religious exemption attached

HISTORY	YEAR	YEAR	YEAR	OPERATIONS OR INJURIES	YE
ALLERGIES		DRUG SENSITIVITIES	OTITIS MEDIA		
ASTHMA		HEART DISEASE	RHEUMATIC FEVER		
CHICKEN POX		HEPATITIS	STREP INFECTIONS		
CONGENITAL DEFECTS		LYME DISEASE	OTHER		
CONVULSIVE DIS.		MONONUCLEOSIS			
DIABETES		NEUROMUSC. DIS.			

TB Screening (Mantoux Test)			Chest X-Ray			Therapy	
Date	Date	Date	Date	Normal	Abnormal	Case <input type="checkbox"/>	Reactor <input type="checkbox"/>
Tested _____	_____	_____	_____	_____	_____	_____	_____
Read _____	_____	_____	_____	_____	_____	_____	_____
Result (MM) _____	_____	_____	_____	_____	_____	_____	Completed _____

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Medication taken: _____
 Hospitalization: _____
 Chronic Illness: _____
 Any Restrictions: _____
 Other: _____
 STAMP or PRINT DR. 'S NAME, ADDRESS AND PHONE NO. _____

SIGNATURE OF DOCTOR: _____ Date: _____

Since snacks such as juice, milk, crackers, etc., will be include din the program, please indicate any specific food allergies: _____

Is there any additional information not listed on the application or forms that you feel we should know about your child? _____

Is there any health condition about which we should know? Please explain: _____

