



## Health History Checklist · 6 weeks - JK

The answers to these questions will help us know if your child has any medical problems. We are required to have this information in the event that your child should become ill and we are unable to reach you right away. Please circle the correct response or provide the requested information.

### Pregnancy and Birth

- Yes No Were there any problems during pregnancy or your child's birth and newborn period?
- Yes No Was your child's birth weight under 5 ½ pounds?
- Yes No Did the baby have any medical problems at hospital?

### Medical Problems

- Yes No Has your child ever been to the hospital overnight?
- Yes No Is your child taking any medicine?
- Yes No Does your child have any allergies or reactions to medicine, shots, or insects?\*
- Yes No Has your child had asthma or wheezing?\*
- Yes No Does your child have speech or hearing problems?
- Yes No Has your child had more than 2 ear infections in a year?
- Yes No Has your child had tonsillitis?
- Yes No Does your child have trouble with eyes or seeing?
- Yes No Has your child ever had a bladder or kidney infection?
- Yes No Does your child have burning when urinating?
- Yes No Does your child have seizure, fits, or shaking spells?\*
- Yes No Have you been told your child has a heart murmur?
- Yes No Is your child able to play as hard as other children?
- Yes No Has your child ever had a bumpy, swollen reaction to a TB skin test?
- Yes No Has your child recently been with anyone having TB?
- Yes No Has your child ever had worms?
- Yes No Does your child scratch the genital area? Is your child's bottom red or sore?
- Yes No Is your child on a heart monitor?\*
- Yes No Does your child have tubes in his/her ears?

### General Development

- Yes No Does your child get along with other children?
- Yes No Is your child usually happy?
- When did your child last see a doctor? \_\_\_\_\_ (Month & Year)
- Yes No Does your child have any special problems not indicated above? If yes, please specify.

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**\*If your child has a severe allergy that could lead to a serious reaction or a chronic health condition that could require special care, we MUST have an Individual Health Plan (IHP) on file. Please ask the school office for a form to be completed and signed by your child's doctor.**

I give permission for Little Harding to post information regarding any allergies, health alerts and food restrictions pertaining to my child in the classroom, kitchen, and office areas.

Child's Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_