FOX CHAPEL AREA SCHOOL DISTRICT
HEALTH HISTORY

School: St. Mary School

Grade: _____
Room: _____

_____

Name of Student (Last, First, Middle) Address Birthdate

_____

Father's/guardian's name Mother's name Phone

IMMUNIZATION STATUS

Vaccine	Enter Month, Day, And Year Each Immunization Was Given **Doses**				
Diphtheria and Tetanus (DTaP, DTP, TD or DT)	1. / /	2. / /	3. / /	4. / /	5. / /
Polio (OPV or IPV)	1. / /	2. / /	3. / /	4. / /	
Hepatitis B	1. / /	2. / /	3. / /		
Measels – Mumps – Rubella (MMR)	1. / /	2. / /	Or Measles Serology:	Date:	Titer:
Varicella	1. / /	2. / /	Rubella Serology	Date:	Titer
	1. / /	2. / /	Mumps disease diagnosed by a physician: Date:		

TB test & results (most current) _____ Hib _____

Hepatitis A _____ Meningitis_____

MEDICAL HISTORY (Indicate dates where appropriate)

Chicken Pox _____

Scarlet Fever _____

Serious Illness or Accident:

_____

_____

_____

Surgery_____

_____

Allergies _____

Asthma _____

Physical defects _____

Recurring medical problems _____

_____

Emotional Problems _____

_____

Other _____

Is you child under medical treatment at the present time? Yes NO

List any illness or health problem which you or your family physician feel should be known to the school authorities.

_____

_____

Date

_____

Signature of parent or guardian