

# Parsippany-Troy Hills Board of Education Health History & Immunization Record

Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_

Family Doctor (Name, Address, Phone)

IMMUNIZATION	
REQUIRED VACCINES (attach vaccine record)	OTHER VACCINES or TESTS Date & Result
DPT & DT	Mumps
Hepatitis B	Polio
Measles	Rubella
MMR	Varicella
	BCG (Tuberculin) _____
	Mantoux Skin Test _____
	Chest X-Ray _____
	Medication _____

## MEDICAL TREATMENT REQUIRED

Describe:

## MEDICATION REQUIRED

Describe:

## BEHAVIORAL

Describe:

## DISEASE HISTORY (check all that apply)

**List Date of Last Occurrence**

Allergies: \_\_\_\_\_  
 Medication Required

Describe:

Asthma: \_\_\_\_\_  
 Chicken Pox: \_\_\_\_\_  
 Convulsions: \_\_\_\_\_  
 Fever: \_\_\_\_\_  
 Epilepsy: \_\_\_\_\_  
 Diabetes: \_\_\_\_\_  
 Ear Infection: \_\_\_\_\_  
 Frequent Colds: \_\_\_\_\_  
 Heart Disease: \_\_\_\_\_  
 Measles: \_\_\_\_\_  
 Mumps: \_\_\_\_\_  
 Pneumonia: \_\_\_\_\_  
 Rheumatic Fever: \_\_\_\_\_  
 Rubella: \_\_\_\_\_  
 Scarlet Fever: \_\_\_\_\_  
 Strep Throat

## VISION

Last Exam Date \_\_\_\_\_

Vision Problem?  Yes  No

Describe:

Contacts  
 Lenses (should be shatter-proof)

## PREGNANCY & DELIVERY

Full-Term  
 Premature: Original Due Date \_\_\_\_\_

Birth Weight: \_\_\_\_\_

Pregnancy  Normal  Complications  
 Delivery  Normal  Complications  
 Describe Complications:

## HEARING

Last Exam Date \_\_\_\_\_

Hearing Problem?  Yes  No

Describe:

## OPERATIONS

Provide Date & Details:

## SPEECH

Last Evaluation Date \_\_\_\_\_

Speech Problem?  Yes  No

Describe:

Speech Therapy:  School  Private

## ACCIDENTS or INJURIES

Provide Date & Details:

## SERIOUS ILLNESS

Provide Dates & Details:

## ORTHOPEDIC

Describe:

## ADDITIONAL PERTINENT INFO

Provide Dates & Details:

## SIBLINGS

Name	Birth Date	Grade
1)		
2)		
3)		
4)		

Signature of Parent or Guardian \_\_\_\_\_

Date: \_\_\_\_\_