

Yes or No My child takes medication on a daily basis.

Medication

Dosage

Reason

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Yes or No? My child has the following medical condition and required hospitalization at birth.

Condition?	
How long was your child hospitalized?	

Yes or No My child visits the next specialist doctor.

Physician

Specialty

My child has the following medical conditions: (circle all that apply)

Wheezing/Asthma	Intestinal Problems	Exposure to Tuberculosis
Heart Murmur/ Heart Failure	Visual Problems	Diabetes
Dental Problems	Convulsions / Epilepsy	Rheumatic Fever
Anemia	Learning Disabilities	Chicken Pox
Lead Exposure	Developmental Delay	Broken Bones

Explain: _____

Yes or No My child has a medical problem not stated above.

What? _____

Yes or No My child has had a serious injury.

When?	What happened?	Disability associated with it?

Yes or No I have specific concerns about my child's health that have not been addressed:

Yes or No My child visits a dentist yearly.

Name of dentist: _____

Last dental visit: _____

Signature of Parent/Guardian: _____ Date: _____