

# MUNCY SCHOOL DISTRICT HEALTH REPORT

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle Month/Day/Year M/F

Address \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_  
Last First Maiden If different than child's

Father's Name \_\_\_\_\_ Address \_\_\_\_\_  
Last First Middle If different than child's

Mother's Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Person with whom pupil lives (if other than parent) \_\_\_\_\_

Babysitter's Name, Address, & Phone \_\_\_\_\_

## REQUIRED IMMUNIZATIONS IN PENNSYLVANIA

Four Doses of Diphtheria and Tetanus\* (1 dose on or after 4<sup>th</sup> birthday)

Three Doses of Polio

Three Doses of Hepatitis B

Two Doses of Measles (Hard, Red)\*\*

Two Doses of Rubella (German Measles)\*\*

Two Doses of Mumps\*\*

Two Doses of Varicella (Chickenpox) or Evidence of Immunity

\*Usually given as DTaP

\*\*Usually given as MMR

### Has your child had any of the following? Please give details on back.

Bee Sting Allergy \_\_\_\_\_

Bowel Disease \_\_\_\_\_

Other Allergy \_\_\_\_\_

Stomach Problems \_\_\_\_\_

Asthma \_\_\_\_\_

Skin Disease \_\_\_\_\_

Heart Disease \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Diabetes \_\_\_\_\_

Recurring Illness \_\_\_\_\_

Ear Infections \_\_\_\_\_

Operations \_\_\_\_\_

Ear Infections (Before age of 3) \_\_\_\_\_

Serious Accidents \_\_\_\_\_

Vision Problems \_\_\_\_\_

Emotional Problems \_\_\_\_\_

Urinary Tract Disease \_\_\_\_\_

Other \_\_\_\_\_

Please list any illness or health problems which you or your family physician feels should be known to the school personnel \_\_\_\_\_

Is your child at present under medical treatment? \_\_\_\_\_ No \_\_\_\_\_ Yes Please Describe.

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

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

You are encouraged to have the school health examination and school dental examination performed by your family physician and family dentist. The school authorities will provide the proper forms to be completed by your physician and your dentist.