



OUR LADY OF SORROWS
PRE-K - 8
CATHOLIC ELEMENTARY SCHOOL

OUR LADY OF SORROWS SCHOOL

Our Lady of Sorrows-Saint Anthony Parish, Hamilton, NJ

2018-2019 PRESCHOOL MEDICAL INFORMATION



CHILD's NAME: _____ GRADE: _____

1. Is your child presently under the care of a physician for any reason? Yes ____ No ____
If yes, please explain _____

2. Has your child had any injury involving:

	YES	NO
a. Loss of Consciousness	_____	_____
b. Broken Bone	_____	_____
c. Dislocation	_____	_____
d. Significant Sprain	_____	_____
e. Trauma to any area	_____	_____

If yes, please give date and reason for injury _____

3. Has your child had any recent surgery? Yes ____ No ____

If yes, please explain _____

4. Does your child wear? Contact Lenses _____ Glasses _____

5. Does your child have any known allergies? Yes ____ No ____

If yes, please explain _____

6. Is your child taking any medication at present? Yes ____ No ____

If yes, what medication and for what reason? _____

7. Has the student had any of the following conditions (check appropriate column). If yes is checked, please write a brief explanation below:

	YES	NO
a. Diabetes	_____	_____
b. Asthma	_____	_____
c. Anemia	_____	_____
d. Ear Infection	_____	_____
e. Chicken Pox	_____	_____
f. Seizure Disorder	_____	_____
g. Mononucleosis	_____	_____
h. Rheumatic fever	_____	_____
i. Scarlet fever	_____	_____
j. Hernia	_____	_____

Explanation: _____

8. Date of last physical examination _____ PHYSICIAN _____

9. Date of last dental examination _____ DENTIST _____

EVALUATION OF HEALTH QUESTIONNAIRE MAY REQUIRE FURTHER MEDICAL EVALUATION

Parent/Guardian Signature

Date