



ADMINISTRATION BUILDING
 835 OLD CLAIRTON ROAD
 JEFFERSON HILLS, PA 15025
 PHONE: 412-655-8450
 FAX: 412-655-9544

WEST ELIZABETH - JEFFERSON HILLS - PLEASANT HILLS

HEALTH HISTORY FOR NEW STUDENTS

Name	Birthdate	Sex M F	Grade
Address	Zip Code	Phone	
Father's Name	Mother's Name		
Guardian	Last School Attended		
In the past year, has the Pupil had a:	Physical exam? NO YES	Location of School	
	Dental exam? NO YES	School Phone Number	

Condition	NO	YES	If YES, give date and explain (please use the back, if needed.)
ADD / ADHD			
Allergies			
Asthma			
Chicken Pox			
Diabetes Mellitus			
Hearing Disorder			
Heart Disease/Murmur			
Neuromuscular Disorder			
Orthopedic Condition			
Seizure Disorder			
Skin Disorder			
Stomach/Bowel Problem			
Vision Disorder			
Other (Specify)			

Is there a problem with physical development, classwork or behavior?	NO YES
Is the Pupil: under the care of a doctor now?	NO YES Why?
taking medication now?	NO YES List:
Has the pupil been hospitalized for a serious illness/accident?	NO YES
WOULD YOU LIKE A CONFERENCE WITH THE NURSE?	NO YES

Parent/Guardian Signature _____ Date _____