

**MONMOUTH BEACH SCHOOL  
MONMOUTH BEACH, NEW JERSEY**

**HEALTH HISTORY UPDATE**

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Student's Last Name	First	Middle	Sex	DOB
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Address	Phone
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Parent's Names \_\_\_\_\_

1. Child was: \_\_\_\_\_ full term                      \_\_\_\_\_ premature                      \_\_\_\_\_ no. of weeks early

2. Complications at birth:                      Yes      No

Breathing difficulty	_____	_____
Jaundice	_____	_____
Blue color	_____	_____
Other	_____	_____

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3. Is there any family history of: (Please check)

Allergies _____	Diabetes _____	Heart Disease _____
Asthma _____	Epilepsy _____	Kidney Condition _____
Cancer _____	Hearing Problem _____	Visual Problem _____

4. Student's Health History: (Please check if applicable and give dates)

Allergies _____	Emotional Problems _____	Strep Throat _____
Bee Sting Allergy _____	Frequent Headaches _____	Speech Problem _____
Food Allergy _____	Epilepsy _____	Scarlet Fever _____
Latex Allergy _____	Hearing Problem _____	Tuberculosis _____
Peanut Allergy _____	High Fevers _____	Visual Problem _____
Asthma _____	Mononucleosis _____	Wears Glasses _____
Bed Wetting _____	Tantrums _____	distance _____ close _____ all times _____
Bronchitis _____	Nightmares _____	Operations _____
Chronic Ear Infections _____	Weight problem _____	Urinary Infec. _____
Concussion _____		
Convulsions _____		
Frequent Sore Throats _____		
Hernia _____		
Pneumonia _____		

5. Does the student take medication on a regular basis?      Yes \_\_\_\_\_      No \_\_\_\_\_  
Please list medication and condition \_\_\_\_\_

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6. Immunization Record:                      Yes \_\_\_\_\_      No \_\_\_\_\_

7. Is there anything else, which you feel would be helpful for school personnel to know about your child; e.g., physical limitations or medical problems? Are there any special circumstances, which might affect your child's school performance? \_\_\_\_\_

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8. I give my permission for the school nurse to share information concerning my child's health to those faculty/staff members who may need to know. I recognize that sharing this information is important to my child's well being while attending school.

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Date	Signature of Parent or Guardian	
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