

TIMOTHY CHRISTIAN SCHOOL
2008 Ethel Road
Piscataway, NJ 08854

Phone: 732-985-0300

School Office Fax: 732-985-8008

Nurses' Office Fax: 732-248-4271

HEALTH HISTORY

Parents are to complete this form:

Today's Date: _____

Student's Name: _____ Birthdate: _____ Grade: _____

Name of Parents: _____ Phone #: _____

Address: _____ City _____ State _____ Zip _____

Has child had:	No	Yes	Date
Measles	_____	_____	_____
Mumps	_____	_____	_____
Rubella	_____	_____	_____
Chickenpox	_____	_____	_____
Rheumatic Fever	_____	_____	_____
Asthma or Wheezing	_____	_____	_____
Pneumonia	_____	_____	_____
Bronchitis	_____	_____	_____
Frequent ear infections	_____	_____	_____
Frequent headaches	_____	_____	_____
Dates of any concussions	_____		
Strep	_____	_____	_____
Trouble with hearing	_____	_____	_____
Trouble with speech	_____	_____	_____
Trouble with vision	_____	_____	_____
Frequent vomiting or diarrhea	_____	_____	_____
Tendency to bleed easily	_____	_____	_____
Allergies (indicate specific kind)	_____	_____	_____
Eczema	_____	_____	_____
Hives	_____	_____	_____
Convulsions or other seizure	_____	_____	_____
Any severe injury or hospitalizations (please explain)	_____	_____	_____
Any operations (indicate specific procedure)	_____	_____	_____
Other – Please explain:	_____		

Has child ever had a Mantoux tuberculin skin test? *(not a four-pronged tine test)*
 Date _____ Results _____ Administered by whom? _____

Name of last school attended _____
 Address _____
 County _____
 State _____ Zip _____