

BALTIMORE COUNTY DEPARTMENT OF HEALTH  
Division of School Health

**New Student Health Registration**

Dear Parent or Legal Guardian:

As your child is new to our school, completion of the following questionnaire will be helpful in assuring the best possible adjustment to our program. If a health problem is present, you can readily understand our desire to have this information as soon as possible. This information will be available to appropriate school personnel working with the student and the information will be kept in the student's health record.

Date \_\_\_\_\_

Name of Student \_\_\_\_\_ Entering Grade \_\_\_\_\_

Address \_\_\_\_\_ Birthdate \_\_\_\_\_

Previous school attended \_\_\_\_\_

School Address \_\_\_\_\_

Name of Mother \_\_\_\_\_ Phone:(H) \_\_\_\_\_ (W) \_\_\_\_\_

Name of Father \_\_\_\_\_ Phone:(H) \_\_\_\_\_ (W) \_\_\_\_\_

Name of person to call in emergency \_\_\_\_\_

Has student had any of the following health problems? (Check if yes).

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Asthma         | <input type="checkbox"/> Convulsive Disorder | <input type="checkbox"/> Rheumatic Fever       |
| <input type="checkbox"/> Allergy        | <input type="checkbox"/> Heart Condition     | <input type="checkbox"/> Speech Problem        |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hemophilia          | <input type="checkbox"/> Hearing Problem       |
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Meningitis          | <input type="checkbox"/> Severe Vision Problem |
| <input type="checkbox"/> Other _____    |  |  |

Is there a problem that would prevent full participation in the school program or physical education program? \_\_\_\_\_

Is there a need for special seating? \_\_\_\_\_

Is the student on any long-term medication? \_\_\_\_\_

Is there a need for you or your child to have a conference with the nurse? \_\_\_\_\_

What type of Health Insurance do you have? Private \_\_\_\_\_ HMO \_\_\_\_\_ Medical Assistance \_\_\_\_\_ None \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

**An Immunization Certificate Must Accompany This Form Prior to Entry Into School**