Holy Angels Regional School
1 Division Street
Patchogue, NY 11772
Phone: 631.475.0422 Fax: 631.475.2036
www.holyangelsregional.org

HEALTH HISTORY

Please complete this form for the school's Health Department and return it to your child's school.

1. Name of pupil _____ Grade_____ Date _____
2. Address _____ Telephone _____
3. Date of Birth _____ Birth Place _____
4. Father's Name _____ Mother's Name _____
5. Name of Family Physician _____ Telephone _____
6. If parent not available in an emergency, call _____

   or _____ whose telephone number is _____
7. Has child had any operation? _____ If so, what & when? _____
8. Is there any special information, physical or emotional, concerning your child you would like us to know that would help in the protection and general health during the period of school years? _____
   If so, what? _____
   _____
9.

Has child had:	If so, when?	Has child had:	If so, when?
Chicken Pox	_____	Diabetes	_____
Diphtheria	_____	Epilepsy	_____
German Measles	_____	Heart Disease	_____
Measles	_____	Tuberculosis	_____
Mumps	_____	Contact with TB	_____
Pneumonia	_____	Asthma or allergies	_____
Poliomyelitis	_____	Ear Conditions	_____
Rheumatic Fever	_____	Frequent cold & sore throats	_____
Scarlet Fever	_____		
Whooping Cough	_____	Serious injuries	_____
Lyme Disease	_____	Past Fractures	_____

10. Does your child show any signs of a visual or hearing problem? _____
11. Does your child show any signs of scoliosis? _____
12. Does your child take any medications? _____