WEST LONG BRANCH PUBLIC SCHOOL DISTRICT
OFFICE OF THE PRINCIPAL
BETTY McELMON ELEMENTARY
20 Parker Road West Long Branch, New Jersey 07764-1698
(732) 222-5900 • Fax (732) 483-0845

MRS. CHRISTINA EGAN
Superintendent of Schools

MR. JAMES J. ERHARDT
Principal

MEDICAL HISTORY QUESTIONNAIRE

STUDENT'S NAME: _____
DATE OF BIRTH: _____ AGE: _____ M____ F____
ADDRESS: _____
HOME PHONE: _____ MOBILE PHONE: _____

1. Is your child presently under a physician's care for a specific medical problem? Y___ N___ If yes, what is the problem? _____
2. Who is your family physician? _____
3. Has your child ever experienced a loss of consciousness? Y___ N___ If yes, then call you tell us what happened? _____
4. Has your child ever experienced a fracture or disclocation? Y___ N___
Where was the fracture? _____
5. Has your child ever had any type of surgery? Y___ N___
What kind of surgery did they have? _____
6. Does your child take any medication on a regular basis? Y___ N___
What medicine(s) do they take? _____
7. Does your child have any ***allergies to any food, medicines, or reaction to bee stings***? Y___ N___ Please list the allergies or reactions: _____
_____
8. Has your child experienced frequent chest pains or palpitations? Y___ N___
9. Does your child have a history of fainting with exercise? Y___ N___
10. Does your child have a loss of functions of any organs? Y___ N___
Vision ___Hearing ___Kidney ___Testes ___Ovaries ___ (Please mark yes or no)
11. Has your child ever had a convulsive disorder (epilepsy, etc.)? Y___ N___
12. Does your child have any dental problems? Y___ N___
13. Does your child wear (Please mark Y or N) Braces___ Glasses___ Contacts___

SIGNATURE OF PARENT/GUARDIAN: _____
PRINT PARENT/GUARDIAN NAME: _____
DATE: _____

PLEASE USE THE BACK SIDE OF THIS FORM, (PAGE 2) TO EXPLAIN FURTHER ANY QUESTIONS ANSWERED WITH A "YES", IF NECESSARY. PLEASE ALSO GIVE THE APPLICABLE DATE.

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CONTINUATION OF MEDICAL HISTORY QUESTIONNAIRE. PAGE 2

PLEASE LIST ANY OTHER IMPORTANT INFORMATION THAT REQUIRES FURTHER EXPLANATION, REFERENCEING THE NUMBERED QUESTION IT PERTAINS TO:

STUDENT'S NAME: _____
SIGNATURE OF PARENT/GUARDIAN: _____
PRINT PARENT/GUARDIAN NAME: _____
DATE: _____