



# WEST LONG BRANCH PUBLIC SCHOOL DISTRICT

OFFICE OF THE PRINCIPAL

## FRANK ANTONIDES SCHOOL

135 Locust Avenue West Long Branch, New Jersey 07764

PHONE: 732-222-5900 FAX: 732-222-8154

MRS. CHRISTINA EGAN  
Superintendent of Schools

MRS. ALLYSON WINTER  
FAS 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 dislocation? 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.**

