



WEST LONG BRANCH PUBLIC SCHOOLS

BETTY MCELMON ELEMENTARY SCHOOL

20 Parker Avenue

West Long Branch, NJ 07764

Mr. James J. Erhardt
Principal

Dr. Christina Egan
Superintendent of Schools

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



WEST LONG BRANCH PUBLIC SCHOOLS

BETTY MCELMON ELEMENTARY SCHOOL
20 Parker Avenue
West Long Branch, NJ 07764

Mr. James J. Erhardt
Principal

Dr. Christina Egan
Superintendent of Schools

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.



WEST LONG BRANCH PUBLIC SCHOOLS

BETTY MCELMON ELEMENTARY SCHOOL
20 Parker Avenue
West Long Branch, NJ 07764

Mr. James J. Erhardt
Principal

Dr. Christina Egan
Superintendent of Schools

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:



WEST LONG BRANCH PUBLIC SCHOOLS

BETTY MCELMON ELEMENTARY SCHOOL

20 Parker Avenue

West Long Branch, NJ 07764

Mr. James J. Erhardt

Principal

Dr. Christina Egan

Superintendent of Schools
