

COMMONWEALTH OF PENNSYLVANIA
SCHOOL DISTRICT OF SPRINGFIELD TOWNSHIP

PARENTAL REPORT OF CONFIDENTIAL HEALTH HISTORY (Please print)

NAME _____ Birth date _____ Gender ___ M ___ F Present Grade _____
 (Last) (First) (Middle) Previous School Attended _____

Address _____ Address _____

Address _____

Telephone _____ Father's Name _____

Telephone _____ Mother's Name _____

Person with whom student lives (if other than parent) _____

PENNSYLVANIA LAW REQUIRES THAT ALL CHILDREN ATTENDING PUBLIC, PRIVATE OR PAROCHIAL SCHOOLS IN THE COMMONWEALTH MUST PROVIDE PROOF OF HAVING RECEIVED SPECIFIC IMMUNIZATIONS BEFORE ENTRY, STUDENTS WHO DO NOT MEET THE FOLLOWING MINIMUM REQUIREMENTS WILL BE EXCLUDED FROM SCHOOL UNTIL PROPERLY IMMUNIZED.

DIPHTHERIA-TETANUS (DPT, TD or DT) Vaccine – 4 or more properly spaced doses (There must be one dose on or after the 4th birthday.)

POLIO Vaccine – 3 or more properly spaced doses

MEASLES Vaccine – 2 doses administered at 12 months or older, or a blood test showing immunity

GERMAN MEASLES (Rubella) Vaccine – 1 dose administered at 12 months or older, or a blood test showing immunity.

MUMPS Vaccine – 1 dose administered at 12 months or older, or a signed statement from a physician stating that the child has had the disease.

HEPATITIS B Vaccine – Three properly spaced doses.

VARICELLA (Chicken Pox) Vaccine – for those entering kindergarten, first and 7th grades. Immunization at 12 months of age or older or proof of disease required.

NOTE: The regulations are specific and do not allow for any deviations. If immunizations are not properly spaced, revaccination may be necessary.

A copy of an immunization record may be attached instead of completing the below:

VACCINE	Enter Month, Day and Year Each Immunization Was Given				
Diphtheria and Tetanus (DtaP, DTP, Td or DT)	1 / /	2 / /	3 / /	4 / /	5 / /
Tetanus, Diphtheria, Pertussis Booster (Tdap)	1 / /		Meningococcal Vaccine	1 / /	
Polio (OPV or IPV)	1 / /	2 / /	3 / /	4 / /	5 / /
Hepatitis B	1 / /	2 / /	3 / /		
Measles – Mumps – Rubella (MMR)	1 / /	2 / /	Or Measles Serology: Date _____ Titer _____ Or Rubella Serology: Date _____ Titer _____ Or Mumps disease diagnosed by a physician: Date _____		
Varicella (chicken pox)	1 / /	2 / /	Or Varicella: Date _____ Titer _____ Or Varicella: Date of disease _____		
Pneumococcal	1 / /	2 / /	3 / /	4 / /	
Hepatitis A	1 / /	2 / /			
HIB	1 / /	2 / /	3 / /	4 / /	5 / /
Other	1 / /	2 / /			

To help us provide the best possible care for your child, on the following page, please take a moment to tell us of anything new or of any changes which may affect your child's health:

Has your child had:

- Allergies or unusual reactions to medicines, food or other substances? If yes, please specify.
- Injuries, illnesses, emergency room visits? If yes, please specify.
- Recent travel outside the U.S.? If yes, please indicate place and length of stay.
- Any contact with a case of tuberculosis (TB)?
- Regular contact with adults at high risk for tuberculosis (TB) (e.g., those who are HIV infected, homeless, incarcerated, and/or illicit drug users)?

Was any household member including your child, born outside the US? If yes, please indicate place and date of arrival in US.

Is your child:

- Receiving medical treatment? If yes, please specify.
- Taking any medication at the present time? Please specify medication name and time given .
- In need of special considerations at school? If yes, please specify.
- Prone to frequent ear infections, has a history of frequent ear infections, or ever had ear tubes (myringotomies)? If yes, please specify

Has anyone in your family had:

- Serious illness, newly diagnosed chronic illness, or exposure to contagious diseases? If yes, please specify.

Academic concerns (Learning disabilities, Attention problems, Disabilities)? If yes, please specify.

Have there been any recent stressful changes such as:

- Separation, divorce, loss of job, or death of a loved one? If yes, please specify.
- Recent relocation? If yes, please specify.
- Please share any other concerns you have.

Thank you for providing this information to help us provide the best care we can for your child. This information will remain confidential and only be shared with school personnel as deemed appropriate for their educational experience.

Signature Of Parent or Guardian

Date