

**Forestville Union School District**

Phone: 707-887-2279

6321 Hwy 116 Forestville, CA 95436

Fax 707-887-2185

**School Entry Health Information**

West Sonoma County Consortium  
School Nurse Services

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

Pregnancy / Delivery

Full term \_\_\_\_\_ Preterm \_\_\_\_\_ Number of Siblings \_\_\_\_\_

Indicate any of the following during pregnancy: Illness \_\_\_\_\_

Excessive vomiting \_\_\_\_\_ Accidents/injuries \_\_\_\_\_

Medication \_\_\_\_\_ Alcohol / Drugs / Cigarettes \_\_\_\_\_

Infant active in utero \_\_\_\_\_ Duration of labor \_\_\_\_\_ Birth Weight \_\_\_\_\_

Type of delivery: Vaginal \_\_\_\_\_ Head first \_\_\_\_\_ Breech \_\_\_\_\_ Caesarian \_\_\_\_\_

Forceps \_\_\_\_\_ Vacuum extractor \_\_\_\_\_ Other \_\_\_\_\_

Infant's condition: Good \_\_\_\_\_ Blue \_\_\_\_\_ Needed oxygen \_\_\_\_\_ Incubator \_\_\_\_\_

Cord around neck \_\_\_\_\_ Jaundiced \_\_\_\_\_ Went home with mother \_\_\_\_\_

Other information: \_\_\_\_\_

Development History

Age sat \_\_\_\_\_ Age walked \_\_\_\_\_ Age talked, one word \_\_\_\_\_ Age talked, short sentences \_\_\_\_\_

Toilet trained \_\_\_\_\_ Preschool experience \_\_\_\_\_

Past & present difficulties with sleeping &/or eating \_\_\_\_\_

Energy level: Low \_\_\_\_\_ Average \_\_\_\_\_ High \_\_\_\_\_ Very High \_\_\_\_\_

Failure to thrive \_\_\_\_\_ Behavioral concerns \_\_\_\_\_

Other information: \_\_\_\_\_

Health History (include ages)

Ear infections \_\_\_\_\_ Ear tubes \_\_\_\_\_ Hearing problems \_\_\_\_\_

Vision problems \_\_\_\_\_ Glasses \_\_\_\_\_

Heart problems \_\_\_\_\_ Communicable diseases \_\_\_\_\_

Seizures: Type \_\_\_\_\_ High Fevers (105 or higher) \_\_\_\_\_

Allergies \_\_\_\_\_

Asthma (indicate triggers & frequency) \_\_\_\_\_

Illnesses \_\_\_\_\_ Injuries \_\_\_\_\_

Hospitalizations \_\_\_\_\_ Surgeries \_\_\_\_\_

Medications \_\_\_\_\_

Any restricting conditions \_\_\_\_\_

Generally healthy \_\_\_\_\_ Seems to be sick frequently \_\_\_\_\_

Doctor \_\_\_\_\_ Date of last exam \_\_\_\_\_

Dentist \_\_\_\_\_ Date of last exam \_\_\_\_\_

Other information \_\_\_\_\_

Please comment or give additional information \_\_\_\_\_

Thank you, Your School Nurse

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**Informacion De Salud**

Fecha \_\_\_\_\_

Fecha de nacimiento \_\_\_\_\_

Nombre del estudiante \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Nombre de los padres \_\_\_\_\_

Embarazo / Parto

Numero de embarazos \_\_\_\_\_

Enfermedades \_\_\_\_\_ Vomitos excesivos \_\_\_\_\_

Accidentes \_\_\_\_\_ Bebe activo en el utero \_\_\_\_\_

Medicacion / drogas \_\_\_\_\_ Alcohol \_\_\_\_\_ Fumar \_\_\_\_\_

Duracion del parto \_\_\_\_\_ Peso de nacimiento \_\_\_\_\_

Tipo de nacimiento: Vaginal \_\_\_\_\_ Cesarea \_\_\_\_\_ Cabeza Primero \_\_\_\_\_ Pinzas \_\_\_\_\_ Pies primero \_\_\_\_\_ Aspirador \_\_\_\_\_

Condicion del bebe: Buena \_\_\_\_\_ Azul \_\_\_\_\_ Necesito oxigeno \_\_\_\_\_ Incubadora \_\_\_\_\_ Cordon alrededor del cuello \_\_\_\_\_

Fue a la casa con la mama \_\_\_\_\_

Historia de desarrollo:

Edad en que se sento \_\_\_\_\_ Edad en que camino \_\_\_\_\_ Edad en que hablo una palabra \_\_\_\_\_ Edad en que hablo frases de dos

palabras \_\_\_\_\_ Edad en que termino con los panales \_\_\_\_\_ Problemas para dormir \_\_\_\_\_

Nivel de energia: Bajo \_\_\_\_\_ Mediano \_\_\_\_\_ Alto \_\_\_\_\_ Muy alto \_\_\_\_\_

Problemas para comer \_\_\_\_\_ Problemas de comportamiento \_\_\_\_\_

Historia de salud (incluya edades)

Infecciones de oidos \_\_\_\_\_ Tubos en los oidos \_\_\_\_\_

Problemas de oidos \_\_\_\_\_ Problemas de vista \_\_\_\_\_

Fiebres altas (105 o mas altas) \_\_\_\_\_ Problemas del corazon \_\_\_\_\_

Ataques: Tipo \_\_\_\_\_ Frecuencia \_\_\_\_\_

Alergias \_\_\_\_\_ Asma \_\_\_\_\_

Enfermedades contagiosas \_\_\_\_\_

Enfermedades \_\_\_\_\_

Accidentes \_\_\_\_\_

Estadia en hospital \_\_\_\_\_

Medicaciones \_\_\_\_\_

Alguna condcion restrictive \_\_\_\_\_

Doctor \_\_\_\_\_ Dentista \_\_\_\_\_

Thank you, Your School Nurse