FABIUS-POMPEY ELEMENTARY SCHOOL
Academic and Health History Pre-School Screening Form

Student's Name_____ Date of Birth____/____/____

Student's Health Care Provider/Address_____

1. Did you have any pre-natal health problem(s)? (during pregnancy?) _____
   _____
2. Was your child's birth a normal delivery? If not, describe any problems involved.
   _____
3. Were there any breathing difficulties following birth? _____
4. Child's birth weight: _____
5. Are there any medical problems your child has that the school should know about?_____
   If so, what?_____
6. Has your child ever had any of the following?

   _____Seizures or convulsions _____Serious Injuries _____Head Injuries
   _____Heart trouble _____Asthma
7. Any surgeries? Please list. _____
8. Ever been hospitalized – for what reason? _____
9. Serious injuries- please explain. _____
10. If your child had a seizure or convulsion- what type? _____
    When? _____ Physician treating? _____
11. Please list all medications that your child is presently taking and conditions that they were prescribed for _____
    _____
12. Has your child had any medical screening or evaluations? _____
    If so, what were the results? _____
13. Have you suspected that your child may have difficulty seeing? Yes___ No___
14. Has your child ever seen an optometrist or eye specialist? Yes___ No___
    If yes, what were the results? _____
15. Have you ever suspected that your child may have difficulty hearing? Yes___ No___
    If yes, have they ever had their hearing tested? _____ What were the results? _____
    _____

(Over)

16. Have they had a history of chronic ear infections? _____

17. Has your child ever seen a dentist? Yes ____ No ____ When?___/___/___

18. Has your child ever been tested for inability to do well in pre-school? Yes___ No___
If yes, were any special programs provided for him/her? Yes___ No___
Please describe: _____
_____

Additional comments and/or concerns: _____
_____
_____

I understand that all reports and testing results will be treated confidentially.

_____ ___/___/___
Parent/Guardian Signature Date