

Loomis Basin Charter School
3290 Humphrey Road, Loomis, CA 95650 (916) 652-1800

Health History For Kindergarten Entry

Note: Completion of this health form is optional, but the information obtained will help the nurse in identifying any health or educational needs of your child.

Child's Name: _____ Date of birth: _____

Names and ages of other children in family:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Anyone else living in the home? _____ Relationship _____

Date of last physical examination _____ by Dr. _____

Date of last dental examination _____ by Dr. _____

Date of last eye examination _____ by Dr. _____

BIRTH HISTORY:

Pregnancy (Normal or complication? Please explain)

Delivery: Full term; Premature; Cesarean; Breech; Prolonged Labor; Complications _____

Condition at birth: Normal or Complications: Problems with breathing; jaundice; infection; other?

DEVELOPMENTAL HISTORY:

Give approximate age your child:

Sat alone _____ Walked _____ First words _____ Talked in sentences _____

Toilet trained _____ Is your child right or left handed? _____

Check any problems with:

Thumbsucking _____ Temper tantrums _____ Speech _____ Headbanging _____

Bladder or Bowel Control _____ Other _____ Explain _____

(Complete Reverse Side)