



DOWNINGTOWN AREA SCHOOL DISTRICT
126 Wallace Avenue, Downingtown, Pennsylvania 19335

Lawrence J. Mussoline, Jr., Ph. D.
Superintendent

www.dasd.org

Telephone: 610-269-8460
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School Health Information

Student ID# _____ Date _____

Transferring School _____

Name of Child _____ Birth date _____ Sex: M F Grade _____

Address _____ Phone () _____

Father's name _____ Mother's name _____

Family Doctor _____ Phone () _____

Family Dentist _____ Phone () _____

The School Health Act requires that medical examinations be given in grades K, 6, 11. If you prefer the physical examination be done by your family doctor, a form will be sent to you to be completed by your family doctor and returned to the school nurse. The District Dental Hygienist will be evaluating/screening your child's teeth in grades K, 3rd, and 7th grades.

I prefer to have my child examined by the (check one) _____ School Doctor _____ Family Doctor

Please Complete:

- Does your child wear glasses? _____ Contacts? _____
- Does your child have a hearing problem? _____ Hearing aids? _____
- Does your child have allergies? _____ To what (insects, bees, food, environment, medications etc.) _____
- Does your child have asthma or reactive airway disease? _____
- Is your child taking any medication? _____
 Non prescription _____
 Prescription _____
 Reason for taking _____
 Does your child need to take medication at school? _____
 Name of medication _____ Reason _____
- Has your child ever had seizures? _____ Date _____ Cause _____
- Does your child have any special health needs or problems? _____ Explain _____
 _____ (use back of form as needed)
- Has your child ever had a serious operation, illness or accident? _____ Date _____
 Please explain: _____
- Did your child have:

Disease	Date	Disease	Date	Disease	Date
Chickenpox	_____	Mumps	_____	Scarletina	_____
Measles	_____	Scarlet Fever	_____	Tuberculosis	_____
Whooping Cough	_____	Rheumatic Fever	_____		
Hepatitis	_____	German Measles	_____		

Parent or Guardian Signature _____