



WEST CHESTER AREA SCHOOL DISTRICT ENTRY QUESTIONNAIRE

Date: _____

Child's Full Name: _____
Last First Middle Male
 Female

Birth Date: _____ Child lives with: _____
mm/dd/yy

Mother's Name: _____ Maiden Name: _____

Father's Name: _____ Guardian Name: _____

Address: _____ Zip: _____

Home Phone #: _____ Work Phone #: _____ Fax/Beeper #: _____

Child's School History

Grade entering: _____ School: _____

Previous school attended: Name: _____ None: _____

School's Location: (city, state, zip) _____

Dates of attendance (month, year): From: _____ To: _____

Number of days per week: 2 days 3 days 4 days 5 days

Child's Health History

Child's Birth Weight: _____ lbs _____ oz

Problems with pregnancy (optional): No Yes Explain: _____

Any Health Conditions/Problems? No Yes Describe: _____

On any medication? No Yes Explain: _____

Serious illness or accidents? No Yes Describe: _____

Has your child been hospitalized? No Yes If yes, at what age: _____ For how long? _____
Why? _____

Has your child had chicken pox disease? No Yes Date: _____

Date of most recent physical exam: _____ Name of Doctor: _____

Date of most recent dental exam: _____ Name of Dentist: _____

Does your child have any allergies? No Yes Food: _____ Medication: _____

Did your child ever sustain a traumatic brain injury/concussion? No Yes Explain: _____

Hearing

Was hearing ever tested? No Yes

Hearing difficulty? No Yes Describe: _____

Ear infections: No Infrequent (1-3 per year) Frequent (4+ per year) Prolonged (10-14 day +)

Vision

Has your child had an eye test? No Yes Results: _____

Any visual problems? No Yes Describe: _____

PLEASE COMPLETE BOTH SIDES

(WCASD – ENTRY QUESTIONNAIRE..... CONTINUED)

TUBERCULIN RISK EVALUATION

Please read the “High Tuberculosis risk” situations listed below. If your child has a high risk for tuberculosis, the school nurse will refer your child to your Health Care Provider for further testing.

- he/she is living with a person with infectious TB
- he/she has had extensive travel in high risk tuberculosis areas
- he/she has an HIV infection or another condition that is a high risk for TB disease
- you think your child might have TB disease
- your child is foreign born from a country where TB disease is very common (most countries in Latin America and the Caribbean, Africa, and Asia, except for Japan)
- he/she is living with an IV drug user
- he/she lives or has lived in a communal sitting where TB disease is common (most homeless shelters, migrant farm camps, orphanages)
- he/she is living with a person who recently has been in prison and/or jail, or a nursing home

Is your child at risk for Tuberculosis? No Yes Explain: _____

Your child is being referred to your Health Care Provider for further Tuberculin testing. No Yes

EXAMINATIONS AND TESTS – KINDERGARTEN THROUGH TWELFTH GRADE

I understand that state law requires physical examinations (grades K/1,6 and 11th) and dental examinations (grades K/1,3 and 7th). If these are not performed by the student’s private physician or dentist, they may be received at school.

State law also requires school nurses to perform yearly screening tests for growth, body mass index, vision, color vision, hearing, and scoliosis. I understand that I will be informed of any abnormal results of health examinations and tests given to my child by the School Nurse.

STUDENT HEALTH RECORD

I understand that Student Health Records are kept confidential. The information in the Student Health Record is shared with school personnel only when that information is relevant to the education of the child. As with all student records, the Student Health Record is shared with persons outside of the school district only with the written consent of parents / guardians. The Student Health Record does follow the student as they transfer to other public and private schools. Immunization records will be made available to the Chester County Health Department for purposes of auditing and/or checking exemptions in the event of a disease outbreak.

DATE

SIGNATURE OF PARENT/GUARDIAN

M-40 Rev 2/06; 11/2/2013; 12/2014