



**Bethlehem Central High School**  
 700 Delaware Ave.  
 Delmar, NY 12054  
 (518) 439-4921

**Bethlehem Central Middle School**  
 332 Kenwood Ave.  
 Delmar, NY 12054  
 (518) 439-7460

**Home School**  
 (please circle one):  
 Middle School or High School

### HEALTH HISTORY FOR NEW ENTRANTS

Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Family Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_  
 Dentist \_\_\_\_\_ Dentist Phone \_\_\_\_\_  
 Last Visit to Dentist \_\_\_\_\_

**Check if your child has, or has had, any of the following and provide date when appropriate:**

_____ Allergies	_____ Ear Infections	_____ Pneumonia
_____ Bee Sting	_____ PE Tubes	_____ Rheumatic Fever
_____ Food	_____ Eye Condition	_____ Rubella Disease
_____ Anemia	_____ German Measles	_____ Scarlet Fever
_____ Asthma	_____ Hearing Problems	_____ Speech Problems
_____ Cerebral Palsy	_____ Heart Disease	_____ Strep Throat
_____ Chicken Pox	_____ Hyperkinesis	_____ TB
_____ Frequent Colds & Sore Throats	_____ Kidney Disease	_____ Chest X-ray
_____ Convulsions	_____ Learning Disabilities	_____ TB Contact
_____ With Fever	_____ Leukemia	_____ TB Test Results
_____ Without Fever	_____ Measles Disease	_____ Urinary Infections
_____ Cystic Fibrosis	_____ Mononucleosis	_____ Vision Problems
_____ Diabetes	_____ Mumps Disease	_____ Whooping Cough
	_____ Orthopedic Conditions	

*Describe* \_\_\_\_\_

Birth Problems (explain) \_\_\_\_\_  
 Serious injuries \_\_\_\_\_  
 Surgeries \_\_\_\_\_

**Special considerations in school:**

A) Daily Medication \_\_\_\_\_  
 \_\_\_\_\_  
 B) Physical Handicap \_\_\_\_\_  
 \_\_\_\_\_  
 C) Special Handling in an Emergency \_\_\_\_\_  
 \_\_\_\_\_  
 Any other problems or conditions that the school should be aware of \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Signature of Parent or Guardian*