RANDOLPH COUNTY SCHOOLS BASIC HEALTH HISTORY

		NAME	DIKITIDE	1112	SEX M I
OCT	OR.	•	DENTIST		•
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	Che	ck any of the following conditio	ns your child has o	r had:	
	1.	Allergies: seasonal, food, medical	ions,	18.	3-day Measles (Rubella)
		insect bites (specify)	·	19.	9-day Measles (Rubeola)
-	2. 3.	Asthma		20.	Mentally Impaired
-	5. 4.	Autism		21.	Mumps
	5.	Bleeding/Clotting Problems Cancer		22.	Orthopedic Defect
	5	Chicken Pox	-	23.	Recurring Ear Infections
	7.	Developmental Defects	No. of the last of	24.	Rheumatic Fever
1	3.	Diabetes		25.	Scarlet Fever
9).	Emotional/Psychological Problem		26.	Seizures - Last Seizure:
1	.0.	Fractures		27. 28.	Sickle Cell
]	1.	Frequent sore throats (3 or more a	vear)	29.	Premature Birth
	2.	Heart Disease	,,,,,,	30.	Toileting Problems Tuberculosis
	3.	Hyperactive/ADD/ADHD	·	31.	Whooping Cough
. 1	4.	Jaundice		32.	Other Chronic Conditions? List
	5.	Kidney Infections			Citation Committees: List
	6. 7.	Learning Disabilities			
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	xplair ENE	RAL HEALTH OF CHILD Have you ever suspected that	your child has a he	earing p	roblem? YesNo .
G.	xplair ENE	RAL HEALTH OF CHILD Have you ever suspected that	your child has a he	earing p	roblem? YesNo
G.	kplair ENE	RAL HEALTH OF CHILD Have you ever suspected that If so, why?			
G.	splair ENE	RAL HEALTH OF CHILD Have you ever suspected that If so, why? Treatment Necessary:			
G.	splair ENE	RAL HEALTH OF CHILD Have you ever suspected that If so, why? Treatment Necessary: Has your child had any problem	ns with his speech	? Yes	No .
G.	xplair ENE	RAL HEALTH OF CHILD Have you ever suspected that If so, why? Treatment Necessary: Has your child had any problem If so, what kind?	ns with his speech	? Yes _	No
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