Farragut Presbyterian Church
Children's Enrichment Program

Child's History Checklist

Child's Name: _____ Birth Date: _____
Parent/Guardian's Name: _____

The answer to these questions will help us to know if your child has any medical problems. We need this information in case he/she should become ill and we would be unable to reach you right away. Please answer all questions.

Pregnancy and Birth

YES NO 1) Were there any problems with pregnancy or your child's birth?
YES NO 2) Was his/her birth weight under 5 ½ pounds?
YES NO 3) Did the baby have any problems in the hospital?

Medical Problems

YES NO 4) Is your child able to play as hard as other children?
YES NO 5) Is your child taking any medications?
YES NO 6) Any allergies or reactions to medicine, shots or insects?
YES NO 7) Has your child had asthma or wheezing?
YES NO 8) Does your child have speech or hearing problems?
YES NO 9) Has your child had more than two (2) ear infections in a year?
YES NO 10) Has your child had tonsillitis?
YES NO 11) Does your child have trouble with his/her eyesight?
YES NO 12) Has your child had a bladder or kidney infection?
YES NO 13) Does he/she have burning when urinating?
YES NO 14) Does he/she have seizures, fits or shaking spells?
YES NO 15) Have you ever been told that your child has a heart murmur?
YES NO 16) Has your child ever been hospitalized overnight?
YES NO 17) Has your child ever had a bumpy, swollen reaction to the TB skin test?
YES NO 18) Has your child ever been with anyone having TB?
YES NO 19) Has your child ever had worms?
YES NO 20) Does your child scratch his/her genital area?
YES NO 21) Is his/her bottom/genitals red or sore?
YES NO 22) Is your child a hemophiliac (free bleeder)?
YES NO 23) Does your child have tubes in his/her ears?

General Development

YES NO 24) Does your child get along well with other children?
YES NO 25) Is your child usually happy?
YES NO 26) Does your child have any special problems not indicated by this form?

When did your child last see his/her pediatrician? _____
Month/Year