		S ANGELES UNIF	ED SCH	00L [DISTRICT - PERMANENT H					
Students Name	LAST	FIRS	т		MIDDLE Sex: M _	F		Birth Date MONTH	DAY	YEAR
Last School or C	hildren's Center Atte	ended:			Health Care Provider/Phys	ician				
Location			Name		Date of late physical exam					
		City & State			Family Dentist					
Present grade SPECIAL CLASS					Date of last dental examina					
					CHILD'S ILLNESS (past or	present) pleas	e check (🗸):		
FAMILY:	Living with Child	d(Names)	HEALTH	ı		YES		1	iYE	S I NO
Father					Chickenpox			Frequent sore throat		I
Mother					Meningitis			Ear aches/infections		
Stepparent					Mumps			Hearing loss		
Others					Rubella(3-day measles)			Speech problem		
	How Many Older	How Many Younger	HEALTH	1	Rubeola(10-day measles)			Eye problem		
Brothers					Whooping Cough			Wears glasses/Contacts		
Sisters					Positive TB Skin Test			Heart condition/murmur		
Has abild over he	on boonitalizad ava	ernight? Yes No			Bronchitis			High Blood Pressure		
	•			tate	Pneumonia			Kidney problem		
	!			10.0	Asthma			Sugar Diabetes		
•					Hives or Eczema		<u> </u>	Blood disease		
Reason for hospi	italization	 			Drug or Other Allergy		<u> </u>	Menstrual problem		
					Head Injury	<u>.i</u>		Hemia		
ls child on medic	ation? YesN	o			Seizures/Unconscious	l		Parasites(worms)		
	e				Other serious accidents or illr	ness (des	scribe)			
`	•	Frequency								
	vities limited? Yes_									
it yes, reason for	limitation:									
					(0	over - to	comple	ete, date and sign)	,	
					•					
		•								
	LTH HISTORY (d	continued)			DOMES ADMIENT LICTARY			Pa12	s-20802-8	
<u>H HISTORY</u>	_				DEVELOPMENT HISTORY At what age did your child:					
IER'S PREGNANCY	f:		YES	NO	Sit alone		Custo	l		
fections					4					
leeding					Stand alone					
igh Blood Pressure	9				Say words			sentences		•
oxemia					Toilet train		Feed	self		
ugar Diabetes		·		1	PLEASE CHECK () DOES YOUR CH	ILD:		. •	÷	
ther Complications	s of Pregnancy			L	1	SINO	1	ly	ESNO	ı

ERMANENT HEALTH HISTORY (continued) IRTH HISTORY			DEVELOPMENT HISTOR	Y			P.o. 12s-20	0802-8
OTHER'S PREGNANCY:	YES	NO	At what age did your child:					
Infections			Sit alone	_		Crawl		
Bleeding			Stand alone			Walk		
High Blood Pressure			Say words	_		Use sentences		
Toxemia	_		Toilet train			Feed self	_	
Sugar Diabetes								:
Other Complications of Pregnancy			PLEASE CHECK () DOES YOU					
9-Month Pregnancy	\neg			YES	NO		YES	NO
Type of Delivery	_		Enjoy learning	1		Bite nails		<u> </u>
Child's birth weight			Like school	1		Suck thumb		1
child's birth condition (check) good poor			Like other children			Wet bed		\Box
			Eat well			Seem shy		T
if poor, describe:			Drink milk			Fall frequently		T
			Eat Breakfast	1		Have temper tantrums		
			Sleep well			Seem overactive		
LNESS DURING FIRST 2 WEEKS OF LIFE:	YES	NO	Follow directions	\Box				1
Trouble breathing	l	1	What time does your child go to	hed?				
Seizures			Do you have any questions or o					
Cyanosis(blue color)			Please list.	OHOGHE	about	your critica meature		
Jaundice(yellow color)	- 							
Feeding problems								
Anemia								
Birth defect		}						
Required incubator			Date Parent/G	unamilan	Signat	IMO		
Went home with mother				ua ua i	organic.	aic .		
			Date History 1	aken by	(Name	<u> </u>		
			Date instity		(,	,		
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FORM 34-131-67 7/83 STK. NO. 315292 LOS ANGELES UNIFIED	SCHOO	פורו וכ	Title			, 		

LOS ANGELES UNIFIED SCHOOL DISTRICT - PERMANENT HEALTH HISTORY

At what age clid your child: Sit alone	Students Name	LAST											
Location Present prace City & State Family Dentite Family Dentity Family Dentite Family Dentity Family Dentity Family Dentit	Last School or C	Children's Center Atte	ended:			Health Care Pro	ovider/Physic	an _					_
Present grade Friend yorthol. Friend yorthol	Location			Name		1	•						
SPECIAL CLASS OR SCHOOL PAMILY: Living with Child(Names) HEALTH CHILD'S ILLNESS (past or present) please check (*/*): Father VES NO Child Child (Names) HEALTH Child Child (Names) HEALTH Mistor			City & State										
## FAMILY: Living with Child(Names) HEALTH Chickençox VES NO Proquent sore throat Monther Mont	•												_
## FAMILY: Living with Child(Names) HEALTH Chickençox VES NO Proquent sore throat Monther Mont						CHILD'S ILL NES	SS (nest or n	tnager	nless	e check (🗸):	····		=
MARIENT HEALTH HISTORY (continued) MARIENT HEALTH HISTORY (continued) Hys. resson for limitation: MARIENT HEALTH HISTORY MARIENT HISTORY MARIENT HEALTH HISTORY MARIENT HISTORY MARIENT HEALTH HISTORY MARIENT HIS	FAMILY:	Living with Child	I(Names)	HEALTH	i	Of the Street Co.	• •		•	e criscit (V).		IVES	
Suspaners Mumps	Father					Chickenpox	i			Frequent sore throat		1	1.
Problems	Mother				-	Meningitis	-			Ear aches/infections		1	T
Chiefs How Many Older How Many Younger MEALTH Rubbell(P-day measles) Special problem Prother Prother Meanth of the protein Meanth	Stepparent					Mumps				Hearing loss		1	T
Brothers How Many Older How Many Younger HEALTH Rubolatif-(0-day massless) Eye problem Sisters Whooping Gough West gasses/Comiscs Whooping Gough West gasses/Comiscs Healt child ever boen hoopinglized overnight? Yes No Site Preserved Healt City Site Healt condition/murrur Healt City Site City Site City Site Healt City Site Site City Site						Rubella(3-day me	easles)			Speech problem		1	T
Brothers Whooping Cough Wees gleaseed/contacts Sisters Pepible T Side Test Head condiction/numur Hose child over been hospitalized overnight? Yes No Sisters Pepible T Side Test Head condiction/numur Hose of hospital Head of hospital Personnia Head of hospital Head of hospital Head of Comman Recent of hospitalization Drug or Other Aleny Head fully Hornia Secure Debates Head of hospitalization Recent of hospitalization Is child on medication? Yes No Secure Secure Recent of hospitalization Is child on medication? Yes No Secure Secure Recent of hospitalization Head of high yr Herria Herria Recent of high yr Herria Rec		How Many Older	How Many Younger	HEALTH	4	Rubeola(10-day n	measles)			Eye problem		1	T
Positive TB Site Inset Hear condition/marrur	Brothers	1.0	liteti ilialiy realige.		•	Whooping Cough	1			Wears classes/Conta	cts		T
MANENT HEALTH HISTORY Elements of Inception City Sale Active Ac	Sisters											1	T
Name of hospital Printing State Printing						Bronchitis				High Blood Pressure			T
MANERT HEALTH HISTORY MANIENT		•			·	Pneumonia	i						T
Dates in hospital	•				late	Asthma				Sugar Diabetes		1	†
Resen for hospitalization Drug or Other Alargy	Dates in hospita	al											T
Head tripuy Hearing No Secures Unconscious Parasites (wome)	Reason for hosp	pitalization					erav					1	Ť
Is child on medication? Yes No	•						=:=:					1	†
Name of medicine	lo obilei ==	lection? You					cious					+-	+
Amount Frequency No								1				——	_
ARP physical activities limited? Yes No						Other serious acc	cidents or illnes	ss (des	cribe) .				_
MANENT HEALTH HISTORY (continued) MANENT HEALTH HISTORY (continued) MISTORY ERS PREGNANCY: Lettons Lettons Statione Statione Crowl Statione Crowl Lettins Say words Say words Les sentences Feed self PLEASE CHECK () DOES YOUR CHILD: WES NO Bite nails Liles other confidence of Suck thumb Liles other children Liles other children Liles other children Ext well Seem styp Drink milk Full frequently Liles chool SSS DURING FIRST 2 WEEKS OF LIFE: VES NO What time does your child go to bed? Please list What time does your children What time does your children shouly your children have bed in letting the state of													_
MANENT HEALTH HISTORY (continued) HISTORY HISTORY WES NO At what age did your child: St done Craw St done Craw St done Craw Wes sentences Say words Say words Total train Feed self PLEASE CHECK () DOES YOUR CHILD: Wes brook Month Pregnancy Por of Delivery Libe school Suck thumb Libe school Suck thum													_
MANENT HEALTH HISTORY HISTORY WEST PREGNANCY: feetions leeding Stand alone													
IER'S PREGNANCY: YES NO						I	(Ovi	er - to	comple	ete, date and sign)			
Sit alone Crawl Intertions Stand alone Walk Igh Blood Pressure Say words Use sentences Oxemia Tolket train Feed self Igh Blood Pressure Say words Use sentences Oxemia Tolket train Feed self Igh Blood Pressure Feed self Igh Blood Pregnancy Igh Bloo		alth History (c	- continued)					er - to (comple		Po.12s-20	802-8	
Stand alone Walk	TH HISTORY	•	- continued)				TORY	er - to (comple		Po.12s-20	602-8	
ligh Blood Pressure oxemia ugar Diabetes ther Complications of Pregnancy -Month Pregnancy -Month Pregnan	TH HISTORY	•	- continued)	YES.	NO	At what age did your child	TORY i:	er - to (1 602-8	
Tollet train Feed self ugar Diabetos	H HISTORY IER'S PREGNANC fections	•	- continued)	YES	NO	At what age did your child Sit alone	TORY I:	er - to (Crawl			602-8	
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FORM 84-EH-67 7/88 STK. NO. 815292 C.C.8881215292 REPRO

LOS ANGELES UNIFIED SCHOOL DISTRICT Student Health Services Division

Title Name of School