



# The Renaissance

35-59 81st Street, Jackson Heights, NY 11372  
rencharters.org • 718-803-0060 (-3785 fax) • trcsinfo@rencharter.org

## Charter School

### Medical History Questionnaire

Student's Name

Date of Birth

Grade

#### History

Has your child had any of the following?

- |   |   |
|---|---|
| <input type="checkbox"/> Measles                  | <input type="checkbox"/> Multiple Cold/Sore Throats |
| <input type="checkbox"/> Chicken Pox              | <input type="checkbox"/> Seizures/Convulsions       |
| <input type="checkbox"/> German Measles (Rubella) | <input type="checkbox"/> Mumps                      |
| <input type="checkbox"/> Multiple Ear Infections  | <input type="checkbox"/> Other: _____               |

Has your child ever been hospitalized?

Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Current Information

Does your child take any medication?

Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any of the following conditions? (Please check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Seizures         |
| <input type="checkbox"/> Headaches/Migraines | <input type="checkbox"/> Diabetes         |
| <input type="checkbox"/> Urinary Problems    | <input type="checkbox"/> Hearing Problems |
| <input type="checkbox"/> Vision Problems     | <input type="checkbox"/> ADHD             |
| <input type="checkbox"/> Allergies: _____    |   |
| <input type="checkbox"/> Other: _____        |   |

Does your child have any physical limitations?

Yes  No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child (Please check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Wear Glasses or Corrective Lenses | <input type="checkbox"/> Use an Inhaler and/or Nebulizer  |
| <input type="checkbox"/> Wear Hearing Aid(s)               | <input type="checkbox"/> Use a Cane, Crutch or Wheelchair |

Does your child have any conditions that the nurse should know about?

No  Yes If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian's Name (Please Print)

Parent or Guardian's Signature

Date