



# Fonda-Fultonville

CENTRAL SCHOOL DISTRICT

## HEALTH HISTORY

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

MEDICAL HISTORY - If your child had or currently has any of the following, please provide information with dates:

Allergies: _____	Bee Sting Allergy and Reaction: _____
Asthma: _____	Food Allergy and Reaction: _____
Diabetes: _____	Seizure Disorder: _____
Head Injury: _____	Frequent/Chronic Headaches: _____
Heart Condition: _____	Nose Bleeds: _____
Ear or Eye Condition: _____	Dental Condition: _____
Pneumonia/Bronchitis: _____	Contact with TB: _____
Stomach Condition: _____	Bowel Problems: _____
Urinary Tract Problems: _____	Menstrual Problems/Pregnancy: _____
Skin Problems: _____	Chicken Pox: _____
Bone and Joint: _____	Rheumatic Fever: _____
Serious Injuries or Operations: _____	
Health Concern not mentioned: _____	

Physical activity restrictions: \_\_\_\_\_

Medications at home: \_\_\_\_\_

Medications needed at school: \_\_\_\_\_

(Please fill out the Medication Request Form. We must have a healthcare provider order and parent/guardian permission for all prescription and over the counter medications)

Child's Health Care Provider: \_\_\_\_\_ Last seen: \_\_\_\_\_

Health Care Provider's Address and Phone Number: \_\_\_\_\_

Does your child have a known or suspected vision problem? \_\_\_\_\_

Does your child wear glasses or contact lenses? \_\_\_\_\_

Has your child been to an optometrist or specialist, if so, when? \_\_\_\_\_

If yes, what were the recommendations, if any? \_\_\_\_\_

Does your child have a known or suspected hearing problem? \_\_\_\_\_

Has your child had a hearing test, if so, when? \_\_\_\_\_

If yes, what were the recommendations, if any? \_\_\_\_\_

Please indicate if you prefer the exam to be performed by your health care provider. \_\_\_\_\_

A copy of the physical needs to be sent to the nurses. Please inform the nurses of a physical by October 1st.

NYS Education Department requires a physical exam for students in PreK, K, 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup>, and 11<sup>th</sup> grade, new students, sports, working permits, and, triennially, for the Committee on Special Education. This exam is valid for one year from the date with the exception of any illnesses or injury lasting five or more days that will negate the exam.

**I agree to emergency medical treatment as deemed necessary by school authorities.**

Parent/Guardian Signature and Date: \_\_\_\_\_

Please contact the nurses' office with any questions. Phone 518-853-3332 ext. 5010 Fax: 518-853-4426

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*A Legacy  
of Families First*

### District Office

518-853-4415 Ext. 4230

Fax: 518-853-4461

Mr. Thomas Ciaccio

*Superintendent of Schools*

### Business Office

518-853-3732 Ext. 4207

Fax: 518-853-3534

Mrs. Tabatha Biggane

*Business Official*

### High School

518-853-3182 Ext. 4238

Fax: 518-853-1239

Mr. Aaron Grady

*Principal*

### Middle School

518-853-4747 Ext. 4246

Fax: 518-853-4498

Mr. David Zadoorian

*Principal*

### Elementary School

518-853-3332 Ext. 5001

Fax: 518-853-1455

Mr. Eric Romano

*Principal*

### Pupil Services

518-853-4747 Ext. 4234

Fax: 518-853-8643

Mrs. Kristine Dickson

*Director of SPED/Pupil*

*Personnel*

### Curriculum & Instruction

518-853-4747 Ext. 4250

Fax: 518-853-4498

Mrs. Megan Collins

*Director of Curriculum &*

*Instruction PreK-12*

### Student Registration

518-853-4747 Ext. 5008

Fax: 518-853-4498

Mrs. Amy Thum

*Data Coordinator*