

Scholar's Name: _____ Date of Birth: ____/____/____ Grade: _____

Parent/Guardian: _____ Daytime Phone Number: _____

Child's Doctor: _____ Doctor's Number: _____

PRENATAL

During pregnancy, was the mother sick with any condition such as pre-eclampsia, high blood pressure, gestational diabetes, etc.?

Yes/Si No

Durante el embarazo, estuvo enferma la madre con alguna condicion como pre-clampsia, presion alta, diabetis gestacional, etc.?

During the pregnancy, did the mother have to use any medicine?

Yes/Si No

Durante el embarazo, tuvo que usar la madre algun medicamento?

How long was the pregnancy?

Que tiempo duro el embarazo?

How was the child delivered at birth?

Vaginal C-Section

Como fue el parto? (vaginal, cesaria, con forceps, otro)

Forceps Other: _____

NEONATAL

How much did the baby weigh at birth?

Cuanto peso el bebe cuando nacio?

_____ lbs. _____ oz.

Was the baby sick in the first few days of life?

Estuvo el bebe enfermo los primeros dias de vida?

Yes/Si No

If yes, please explain:

HEALTH PROBLEMS - PROBLEMAS DE SALUD

Has the child ever had any of the following illnesses? *Ha tenido el estudiante alguna enfermedad de...?*

Heart Disease/*Corazon* Yes/Si No

Fainting/*desmayos* Yes/Si No

Kidney Disease/*rinon* Yes/Si No

Sickle Cell Yes/Si No

Lead Poisoning/*plomo* Yes/Si No

Seizure/*Convulsion* Yes/Si No

Diabetes Yes/Si No

Ear Infection/*oidos* Yes/Si No

Lung Disease/*pulmones* Yes/Si No

Chicken Yes/Si No

Pox/*sarampion*

Year: _____

Year: _____