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Yes ___ No ___

12. Was your child jaundice at birth?

Yes ___ No ___

13. Was the jaundice severe enough to require a blood transfusion?

Yes ___ No ___

14. Is the mother Rh negative?

Yes ___ No ___

15. Has your child ever had any of the following diseases?

_____ Mumps	_____ Bacterial Meningitis
_____ Scarlet Fever	_____ Measles
_____ Otitis Media	_____ Rheumatic Fever

Yes ___ No ___

16. Is your child currently taking any medication?

_____ for _____

_____ for _____

_____ for _____

Yes ___ No ___

17. Does your child have speech?

At what age did your child say his or her first word? _____

Yes ___ No ___

18. Is his/her speech intelligible?

Yes ___ No ___

19. Does your child receive speech/language therapy?

Where: _____ Since: _____

Yes ___ No ___

20. Does your child understand what you say to him/her?

Yes ___ No ___

21. Does your child follow simple commands?

Yes ___ No ___

22. Does your child have any visual problems?

Yes ___ No ___

23. Has your child ever worn a hearing aid(s)?

Additional comments: _____

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