



FAITH ACADEMY

Success Starts with Faith

STUDENT HEALTH RECORD (Confidential)

(Complete one per student) Please provide a copy of your immunization record.

Child's Name	Date of Birth	Grade	Sex
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Is child's health excellent, fair, poor? _____ Weight _____ Height _____

If your child has had any of the following illnesses, indicate the year(s) they occurred.

Diphtheria _____	Mumps _____	Rheumatic Fever _____
Whooping Cough _____	Diabetes _____	Ear Infection _____
Scarlet Fever _____	Pneumonia _____	Asthma _____
Red Measles _____	Chicken Pox _____	Other _____
German Measles _____	Tuberculosis _____	Other _____

List any physical, mental, emotional disorders and any serious accidents or surgery your child has or has had. Indicate year of occurrence. _____

If your doctor has ordered regular medication for your child, what is its purpose?. _____

List any known allergies your child may have. _____

Date your child had last tuberculin test. _____ Results _____

Doctor _____ Address _____ Phone _____

Date of last visit: _____

Has your child ever had a dental check-up? _____ Date _____ Any treatment necessary?

(Yes/No) Name of Dentist _____

Has your child ever had a professional eye exam? _____ Date _____ Any treatment necessary?

(Yes/No)

Has your child ever had a professional hearing test? _____ Date _____ Any treatment necessary? (Yes/No)

Has your child ever had any kind of psychological examination? _____ Date _____ Any treatment necessary? (Yes/No)

Is your child subject to any of the following? (Indicate if occasional or frequent.)

Colds _____	Headaches _____
Coughs _____	Dizziness _____
Asthma _____	Night Sweats _____
Hay Fever _____	Bed Wetting _____
Shortness of Breath _____	Does he/she tire easily? _____

I certify the above history is complete to the best of my knowledge.

Date _____ Signature _____

Parent or Guardian

Faith Academy does not discriminate on the basis of race, color, national or ethnic origin.

To be completed by parents:

FIRST NAME (FATHER OR GUARDIAN)	LAST NAME (STUDENT)	FIRST	MIDDLE
LAST NAME (PARENT OR GUARDIAN)	FIRST NAME (MOTHER)	BIRTH DATE	HOME PHONE
		GRADE	EMERGENCY PHONE