

STUDENT HEALTH RECORD

STUDENT HEALTH RECORD - TO BE FILLED IN BY PARENTS

Name _____ Birth Date _____

Address _____ Home Phone _____

School _____ Grade _____ Section _____

Child's Physician _____ Bus. Phone _____

If your doctor has ordered regular medication for your child, what is it's purpose? _____

List any known allergies your child may have _____

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

Colds _____ Headaches _____

Coughs _____ Dizziness _____

Asthma _____ Recurring injury _____

Hay Fever _____ Bed Wetting _____

Shortness of Breath _____ Does he/she tire easily _____

	Date		Date		Date
Chicken Pox _____		Whooping Cough _____		Pneumonia _____	Serious accidents _____
Measles(Rubella) _____		Strep throat _____		Tonsillitis _____	Fractures _____
Measles(Rubella) _____		Meningitis _____		Ear infections _____	Surgery _____
Mumps _____		Encephalitis _____		Diabetes _____	Allergies _____
Scarlet Fever _____		Mononucleosis _____		Rheumatic fever _____	Seizure disorder _____
Other Illness or Operations _____					

HARVEST PREPARATORY ACADEMY - STUDENT HEALTH RECORD

(To be filled out by the private physician)

MEDICAL EXAMINATION

Date _____

Height _____ Weight _____ B.P. _____

Speech Problem _____

Nutrition and general appearance _____

Skin _____ Glands _____

Eyes _____ (Indicate test technique)

Vision L 20 _____ Both _____

Vision R 20 _____

Ears L _____ R _____

Hearing L _____ R _____

Nose _____

Throat _____

Teeth _____

Thorax _____

Heart _____

Lungs _____

Abdomen _____

Extremities _____

Posture _____

Emotional Adjustment _____

Allergy _____

PHYSICIAN'S RECOMMENDATIONS

Any Restrictions (Physical Education or Sports)

If yes, please explain _____

Date _____

Physician's Signature _____

RECEIVED DENTAL CARE

Date _____

Dentist Signature _____

VISION AND HEARING SCREENING

Pre-School Vision Clinic Date _____ L _____ R _____

Professional Date _____ L _____ R _____

Pre-School Hearing Clinic Date _____ L _____ R _____

Professional Date _____ L _____ R _____