CUMULATIVE HEALTH RECORD THOMPSON FALLS PUBLIC SCHOOLS

Student's N	ame:F	irst		Middl	<u> </u>		Sex _		Bii	th dat	:e:		 -		
									Dhon						
Student's Address:															
Father's Name:				_ Phone # (H)				(W)							
Mother's Name:						_ Phone # (H)			(W)						
Guardian's	Name:	•				Phone # (H)			(W)						
			STU	<u>DENT'</u>	S HE	ALTH HIS	STORY								
Allergies: Medications															
F	oods														
O	ther														
					Vision Impairment										
Childhood diseases (i.e. Chickenpox, Measles):															
Diabetes (date of onset):						_ Epilepsy (date of onset):									
Heart Condi	tion														
Current Medications															
Parent / Gu					it / Guai	dian signatu		Date							
															
			FOR I	JSE O	F SCH	OOL PERS	ONNEL	T	Γ'' Ι	 ;		<u>-</u>	1		
	YEAR							-							
HEIGHT	GRADE (K,1,2 ETC)				<u> </u> 			, , .	3	<u> </u>					
HEIGHT	SPRING									-					
WEIGHT	FALL				-			1							
WEIOI!!	SPRING				-			 	,						
DENTAL	Sealants For Smiles														
VISION	CORRECTIVE LENSES														
	RIGHT EYE	+						****							
	LEFT EYE														
	BOTH EYES														
	COLOR(check once by 7th gr)										-				
HEARING											•				
SCOLIOSIS SCREENING															
HEAD LICE SCREENING															
									<u> </u>						