

SOUTH ADAMS SCHOOLS
1075 Starfire Way
BERNE, IN 46711

STUDENT HEALTH RECORD

Name _____ Age _____ Date of Birth _____ Sex: ___M___F

Address _____ City _____ Phone _____

Parent/Guardian _____ Dentist _____

Family Doctor _____ Optometrist _____ Eye Exam Date _____

PREVIOUS DISEASES, CONDITIONS AND TESTS (If possible, include dates)

Chicken pox _____ Pneumonia _____ Asthma _____ Seizures _____

Surgeries _____

Ear tubes placed? _____ Tubes still present? _____

Allergies _____

If bee sting allergy, list symptoms & treatment required _____

Any Known Health Problems _____

Is child on any medication? _____ If yes, please list: _____

Diagnosis _____

Tuberculin Skin Test (Optional): Type _____ Date _____ Results _____

IMMUNIZATIONS (Dates Necessary)

Diphtheria-Pertussis-Tetanus: #1 _____ #2 _____ #3 _____ #4 _____ Booster _____

Polio: #1 _____ #2 _____ #3 _____ #4 _____ Boosters _____

MMR: #1 _____ #2 _____ Hepatitis B: #1 _____ #2 _____ #3 _____

HIB: #1 _____ #2 _____ #3 _____ #4 _____ Hepatitis A: #1 _____ #2 _____

Varicella: #1 _____ #2 _____

Other Vaccine: _____

EXAMINATION

Height _____ Weight _____ Musculoskeletal _____ Ears _____ Throat _____ Heart _____

Eyes _____ Blood Pressure _____/_____/_____ Abdomen _____ Hernia _____

Comments:

Date _____ Physician Signature _____