

7. Tuberculosis Yes _____ No _____ Date _____
8. Rheumatic Fever Yes _____ No _____ Date _____
9. Mononucleosis Yes _____ No _____ Date _____
10. Hepatitis Yes _____ No _____ Date _____
11. Serious illness Yes _____ No _____ Date _____
Explain _____
12. Serious injury Yes _____ No _____ Date _____
Explain _____
13. Operations Yes _____ No _____ Date _____
Explain _____

DOES YOUR CHILD:

- Wear glasses ? Yes _____ No _____
- Have contact lenses ? Yes _____ No _____
- Have trouble seeing close work? Yes _____ No _____
- Have trouble seeing at a distance? Yes _____ No _____
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- Have trouble hearing? Yes _____ No _____
- Wear a hearing aid ? Yes _____ No _____
- Have difficulty with speech? Yes _____ No _____
- Have tendency to bleed easily ? Yes _____ No _____
- Have frequent nosebleeds ? Yes _____ No _____
- Have frequent vomiting or diarrhea? Yes _____ No _____
- Occasionally wet his/ her pants? Yes _____ No _____
- Occasionally have bowel movements
in his/ her pants ? Yes _____ No _____
- Take daily medication ? Yes _____ No _____
What for? _____
- Take emergency medication ? Yes _____ No _____
What for? _____
- Have a condition, which prevents participation in regular physical education activities?
Yes _____ No _____

Explain _____

Any other Health Problems of which we should be aware? Yes _____ No _____

Explain _____

Parent's Signature _____ Date _____

PLEASE NOTIFY THE SCHOOL NURSE of any medical problems, serious illnesses, or communicable diseases that arise while the student is enrolled at this school.

PLEASE NOTIFY THE SCHOOL NURSE of any immunizations received by your child.

09/07