

**WISCONSIN CONFERENCE
OF SEVENTH-DAY ADVENTISTS ELEMENTARY SCHOOLS**

HEALTH HISTORY FORM

The following information is requested so the school and parent can work together to meet the physical, intellectual, and emotional needs of the child.

Child's Health History Date: _____ Grade _____ Date of Birth _____

Child's Name: _____
Last First Middle

Address: _____
Street City State Zip

Child's Physician: _____ Physician's Phone _____

Physician's Address: _____
Street City State Zip

PAST ILLNESS – please check (x) those which your child has had below)

Measles ___ Diabetes ___ Chicken Pox ___ Heart Disease ___ Mumps ___ Epilepsy ___ Polio ___
Small Pox ___ Scarlet Fever ___ Frequent colds (No. Per year) ___ Hay Fever or Asthma ___

1. Please specify any other serious illness, operation or injury, and age when occurred:

2. Has your child been exposed to tuberculosis? Yes ___ No ___ If so, Year _____

GENERAL HEALTH –

1. Does your child have any condition or illness that you feel the school should know about? Yes ___ No ___ If yes, please explain: _____

2. Does your child wear glasses or corrective lenses? Yes ___ No ___ If yes, last exam date: _____

3. Does your child have hearing difficulties? Yes ___ No ___ If yes, last exam date: _____

4. Does your child have any allergies? Yes ___ No ___ If yes, what are they and how are they treated? _____

5. Is there any special medical need you'd like the school to assist your child with during the school year? If yes, please specify: _____

Parent/Guardian Signature: _____