

Name of Student _____

STUDENT HEALTH INVENTORY

The following information will be treated as confidential and will assist the health staff with the student's placement in physical assignments and activities. Have there been frequent absences from school for health reasons? If so why? _____

GENERAL HISTORY

1. Has student ever had any serious illness? (Such as skin troubles, fainting spells, convulsions, heart trouble, allergies, headaches, rheumatic fever.) _____
2. Has student ever had any operation? (tonsillectomy, appendectomy, etc.) _____
3. Has student ever had any serious accidents? (Such as broken bones, head injuries, back injuries, etc.) _____

4. Does student wear glasses? _____ When was the last examination by an eye specialist? _____

5. When was the student last seen by a dentist? _____

6. Has a student had any contact with tuberculosis? _____

7. Is there a family history of diabetes, tuberculosis, or allergies? _____

8. Childhood diseases: (chicken pox, measles, mumps, scarlet fever, etc.) _____

9. Immunizations:

Small Pox	Diphtheria	Tetanus (lockjaw)
Tuberculin Skin Test	Polio(Salk)	(Sabin)
Rubella (two weeks measles)	Rubella (three day measles)	Mumps

10. Has student had any other serious disease or condition not mentioned? _____

11. Do you believe student should be able to take regular physical education? _____
If no, why? _____

12. When did student have his/her last medical examination? _____ Doctor's Name _____

13. Comments: _____

Please feel free to discuss any health problems or concerns with this office. Notes from physicians regarding student's activities should be sent to the Health Office.

Date _____ Signature _____ Relationship to student _____