



# Three Sisters Adventist Christian School

## Student Medical Record

### 2016/2017 School Year

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: M F

#### Student Health Evaluation

1. Does your student have a physical handicap? YES NO  
 If yes, please state nature of condition: \_\_\_\_\_

2. Has your student ever had an operation? YES NO  
 If yes, please state nature of operation and date performed: \_\_\_\_\_

3. Has your student ever had a severe injury? YES NO  
 If yes, please explain and give date of injury: \_\_\_\_\_

**Medical History** (Please check all of the following your child has or has experienced in the past):

- |                                       |            |             |
|---------------------------------------|------------|-------------|
| 1. Head or neck injuries              | Yes: _____ | Year: _____ |
| 2. Muscle, bone or join disease       | Yes: _____ | Year: _____ |
| 3. Vision impairment                  | Yes: _____ | Year: _____ |
| 4. Hearing problem                    | Yes: _____ | Year: _____ |
| 5. Speech problem                     | Yes: _____ | Year: _____ |
| 6. Diabetes                           | Yes: _____ | Year: _____ |
| 7. Epilepsy or other seizure disorder | Yes: _____ | Year: _____ |
| 8. Kidney disease                     | Yes: _____ | Year: _____ |
| 9. Rheumatic or scarlet fever         | Yes: _____ | Year: _____ |
| 10. Heart disease/problems            | Yes: _____ | Year: _____ |
| 11. Food/drug allergies               | Yes: _____ | Year: _____ |
| 12. Bee sting allergy                 | Yes: _____ | Year: _____ |
| 13. Other allergies                   | Yes: _____ | Year: _____ |
| 14. Asthma/lung disease               | Yes: _____ | Year: _____ |
| 15. Exposure to tuberculosis          | Yes: _____ | Year: _____ |
| 16. Currently taking medication       | Yes: _____ | Year: _____ |

17. Please explain all "yes" responses. Describe other conditions that might require special consideration at school. Please attach additional documentation as needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/guardian signature

Date