



HEALTH FORM

NAME _____ BIRTHDATE _____

ADDRESS _____

PARENTS

(LEGAL GUARDIAN) PHONE _____

CLOSEST RELATIVE _____ PHONE _____

HEALTH HISTORY:

OPERATIONS (within the past year)

EMOTIONAL PROBLEMS _____

SERIOUS MEDICAL PROBLEMS _____

RHEUMATIC FEVER _____ DIABETES _____ EPILEPSY _____

ALLERGIES _____ TETANUS _____

ANY SPECIAL HEALTH PROBLEMS _____

DRUG ALLERGIES _____

PRESENT MEDICATION _____

IS STUDENT UNDER MEDICAL TREATMENT AT PRESENT? REASON _____

FAMILY PHYSICIAN _____ PHONE _____