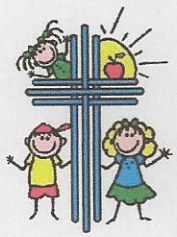

IMMACULATE CONCEPTION SCHOOL
200 W. Wayne Street
Celina, Ohio 45822
419-586-2379

HEALTH HISTORY

Child's Last Name _____ First Name _____ Middle Name _____ Date of Birth _____

Parent Name _____ Address _____ Phone Number _____

I. Does your child have allergies (food, medications, insects)? Specify.

II. HEALTH CONDITIONS: Please check any that this child has had:

_____ Abnormal spinal curvature (scoliosis, etc.)
_____ Allergies
_____ Anemia
_____ Arthritis
_____ Asthma
_____ Behavior Problems
_____ Birth or Congenital Malformation
_____ Cancer, Type_____
_____ Chicken Pox
_____ Concern about sibling/friend relationships
_____ Cystic Fibrosis
_____ Diabetes
_____ Diarrhea or Constipation (Chronic)
_____ Eczema
_____ Emotional Problems
_____ Headaches
_____ Heart Disease
_____ Hepatitis
_____ Kidney Disease
_____ Measles (10 Day)
_____ Meningitis or Encephalitis
_____ Mumps
_____ Rheumatic Fever
_____ Rubella (3 day measles)
_____ Seizures / Epilepsy
_____ Sickle Cell Disease
_____ Skin Rashes (frequent)
_____ Stool Soiling
_____ Throat Infections (frequent)
_____ Tics / Nervous Twitches
_____ Urinary Tract Infections
_____ Wetting (daytime / night)

Please comment, as you feel necessary, on any of the above: _____

_____

III. VISION AND HEARING

Frequent Ear Infections? _____ Which ear? _____ How often? _____

Reduction in Hearing? _____ When? _____ P.E. Tubes? _____ In place _____

Wears Glasses? _____ Reason _____ Last Exam _____

IV. INJURIES AND ILLNESSES – Please list any severe injuries or illnesses:

Injuries / Illnesses	Child's Age	Hospitalized
_____	_____	_____
_____	_____	_____

V. ADDITIONAL INFORMATION

What medications are given daily? _____

What medications are given frequently, but not daily? _____

Do you have other comments or concerns about this child's health, development, behavior, family or home life that you would like to share with the school? If yes, please explain (may continue on the back):

_____

_____

IMMUNIZATION RECORD (A copy of the immunization record has been given to the school office.)
I hereby certify that all the information given is correct to the best of my knowledge.

Signature _____ Relationship to Child _____ Date _____