



## Grace Christian Academy Health Record

Student \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Date \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Previous student at Grace Christian Academy? \_\_\_\_\_

Grace Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

### HEALTH HISTORY

	<b>Age</b>		<b>Age</b>		<b>Age</b>
Chicken Pox	_____	Diphtheria	_____	Ear Infections	_____
German Measles (3 day)	_____	Infectious Hepatitis	_____	Measles (2 wk)	_____
Mumps	_____	Poliomyelitis	_____	Rheumatic Fever	_____
Scarlet Fever	_____	Tonsillitis	_____	Whooping Cough	_____

### MEDICATIONS TAKEN REGULARLY

By Physicians Prescription \_\_\_\_\_

Over the Counter \_\_\_\_\_

### PAST OR PRESENT MEDICAL CONSIDERATIONS

	Yes	Describe
Accident (Serious)		
Allergies		
Asthma		
Blood Disorder		
Congenital Deformity		
Diabetes		
Ear Infections		
Hearing Loss		
Heart Disease/Problems		
Hypertension		
Illness (Serious)		
Kidney Disorder		
Muscular Disorder		
Neurological Disorder		
Orthopedic Handicap		
Seizure Disorder		
Speech Disorder		
Surgery (Serious)		
Tuberculosis Contact		
Ulcer		
Urinary Problems		
Vision Loss		
Other Major Illnesses		

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

Mother/Guardian: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_