HEALTH INVENTORY
2013/2014

Name of Child____________________________________ Date of Birth_________

School_____________________________________Grade_____

Check if Appropriate:

____	Wears glasses	____	Diabetes
____	Hard of Hearing	____	Epilepsy
____	Many Ear Infections	____	Fainting Spells
____	Frequent Urination	____	Hernia
____	Speech Difficulty	____	Heart Disease

My Child Has Had the Following:

____	Chickenpox	____	Mumps	____	Whooping Cough
____	Scarlet Fever	____	Measles (10 day)	____	Poliomyelitis
____	Pneumonia	____	Measles (3 day)	____	Rheumatic Fever
____	Tuberculosis Contact	____	Strep Throat	____	Tonsil/Adenoid Removal
____	Diphtheria	____	Ear Infection	____	Severe/Crippling

Conditions

Allergies (please explain):____

____

Limiting Physical Condition (please explain):____

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Medical Advisor_______________________________________Last Check-Up_____________

Address____Phone____________________

Special Health Conditions (please explain)____

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Additional Comments (use space on back if more is needed):_____________________________

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