**SterlingChristianAcadamy**

**Medical History**

IT IS MANDATORY that pupils who show symptoms of communicable diseases be excluded from classes until re-admission is acceptable to school authorities. Your cooperation will be greatly appreciated. Thank you.

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**General Information:**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_ Birthplace: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Health: Good/Bad/ Deceased

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Health: Good/Bad/Deceased

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Past Diseases:** (If your child has had any of the following, state age when he/she had them.)

Asthma \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Discharging of ears or infection \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pneumonia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chicken pox \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hay fever \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Polio \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Convulsions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Heart disease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pneumonic cough \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diabetes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Measles \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scarlet fever \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diphtheria \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mumps \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Whooping cough \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recent Disabilities: (**Please check all that apply.)

4 or more colds yearly \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fainting spells \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hearing difficulty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequent sore throat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Abdominal pain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tires easily \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Poor vision \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Frequent urination \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breathing shortness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequent leg pain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hernia (rupture) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dizziness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Persistent coughs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ringworm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequent sties \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Speech impediment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nose bleeds \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dental defects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Crippling conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Growing pains \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Immunization Record:**

Copy of yellow immunization card or other documents indicating immunization information requirements.

Has your child had a skin test for tuberculosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has he/she been associated with tuberculosis patients? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Record:** (Please answer the following.)

Is he/she shy? \_\_\_\_\_\_\_\_\_\_\_\_ Overactive? \_\_\_\_\_\_\_\_\_\_\_\_ Bites fingernails? \_\_\_\_\_\_\_\_\_\_\_\_ Sucks thumb? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has excessive fears? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Temper tantrums? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Likes school? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plays well with others? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eats breakfast? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ His/her bedtime? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rising time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notes:** (Please note any other information the school should be made aware of.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Parent’s Signature Date