## STUDENT HEALTH HISTORY for

6401 W. River Road, Muncie IN 47304 Phone: 765-289-6371

## Heritage Hall Christian School

Please complete top portion even if separate immunization or physical exam documents are attached.

Student		_ [] Male [] Fem	ale Grade	
Last name First Name	Middle Name			
Date of Birth/ Place				
Birth Father:	City Birth Mother:_	Stat	ce (Country)	
ALLERGIES (foods, medications, etc):				
HEALTH PROBLEMS (serious injury or surgery,	congenital or ongoing needs	that may require specia	al attention):	
MEDICATIONS TAKEN REGULARLY:				
	ent has had any of the follow			
[] frequent colds	icken pox	_ [ ] whooping	g cough	
[] frequent ear infections [] Ri [] tonsillitis [] m	ubella		ever	
	easles umps		osis	
[] seizures		_		
PHYSICAL EXAMINATION: Required for	IM	IMMUNIZATION RECORD		
all students in grades <b>K5</b> , <b>3</b> , <b>6</b> , <b>9</b> and those enrolling for the first time. A Sports Physical is		State of Indiana Requi	rements	
required for all student athletes each year of	1	2 3	4 5	
participation. Physician's form is accepted.				
0-normal X-needs attention 00-corrected	any combination		(PS 4; K/1 5 doses)	
EyesEars	OPV/IPV		(PS 3; K/1 4 doses)	
Nose Tonsils	MMD		(PS 1; K/1 2 doses)	
Teeth				
Skin/ScalpNeck Glands	Hep. B		(K/1 3 doses)	
Thyroid	Нер. А		(K 2 doses)	
LungsHeart	Varicella (Chicken pox	) vaccine	(K 1; 1 2 doses)	
Abdomen	or			
Musculo-Skeletal	This child had chicken	pox on or approximate	date	
HeightWeight				
Blood pressure	Tdap (Tetanus & Pertu	ussis)	(6 <sup>th</sup> 1 dose)	
Heart rate	MCV4		(6 <sup>th</sup> 1; 12 <sup>th</sup> 2 doses)	
Gen. Nutrition		<del></del>	(0 1; 12 2 doses)	
[] Should [] should NOT participate in physical education or athletic activities.				
Additional remarks or recommendations may be	Parent Signature			
written on the back of this page.	*Physician's form or printout is accepted.			
Date of exam:				
Printed name of Physician	Signatu	re or stamp		