

CALVARY CHRISTIAN ACADEMY
300 Standing Stone Avenue
Huntingdon, PA 16652

MEDICAL HISTORY

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

Pupil's Name _____ Date of Birth _____ Sex _____

Father's Occupation _____ Mother's Occupation _____

Father's Health _____ If dead, cause _____

Mother's Health _____ If dead, cause _____

PAST DISEASES (If your child has had any of the following, state age when he had it.)

Mumps _____ Diphtheria _____ Polio _____

Measles _____ Scarlet Fever _____ Convulsions _____

Whooping Cough _____ Rheumatic Fever _____ Heart Disease _____

Asthma _____ Chicken Pox _____ Diabetes _____

Hay Fever _____ Pneumonia _____ Discharging Ears _____

RECENT DISABILITIES - (Please check any of the following noted recently)

___ 4 or more colds yearly	___ Fainting Spells	___ Hearing Difficulty
___ Frequent sore throat	___ Abdominal pains	___ Frequent urination
___ Poor vision	___ Tires easily	___ Frequent leg pains
___ Allergy	___ Breath shortness	___ Persistent cough
___ Dizziness	___ Ringworm	___ Speech difficulty
___ Hernia (rupture)	___ Frequent sties	___ Nose bleeding
___ Crippling conditions	___ Dental defects	

IMMUNIZATION RECORD - Your child's records must be listed on the official PA Department of Health Immunization Card, and signed by a physician, nurse, or public health official.

Has your child had a skin test for tuberculosis? _____ Date _____

Has he been associated with a tubercular patient? _____ When? _____

PERSONAL RECORD - (Please answer all of the following)

Is he shy? _____ Over active? _____ Bite fingernails? _____

Suck thumb? _____ Have excessive fears? _____ Have temper tantrums? _____

Like school? _____ Play well with others? _____ Eat breakfast? _____

When is his regular bedtime? _____ When is his rising time? _____

Is there any medical, physical, or emotional condition that this school should be aware of?

The school will not dispense any medications. Students requiring medication should bring a note and a single dose of the medication to be given to the teacher.

Date: _____ Signature of Parent: _____