



28702 EUCLID AVE. | WICKLIFFE, OHIO 44092 | 440-943-1395 | FAX: 440-943-4468 | ALLSAINTSSJV.ORG

20 - 20

PLEASE COMPLETE AND RETURN TO YOUR SCHOOL NURSE

Name: Birthdate: Address: Home Telephone: Parents/Guardians: Father: Mother: Name of School Transferred From: Address: Has student ever attended any school in this district? Where? Physician: Telephone: Dentist: Telephone:

MEDICAL HISTORY

Has your child had any of the following diseases? Give approximate year:

Chickenpox: Frequent Colds: Scarlet Fever: Mumps: Sore Throats: Diphtheria: Hay Fever, Asthma: Poliomyelitis: German Measles: Bee Sting Allergy: Rheumatic Fever: Regular Measles:

Eczema, Hives or Other Skin Conditions: Diabetes:

Hospitalizations (Reasons and Dates):

Injuries or Serious Illnesses (Explain):

Ear infections: Hearing Difficulty:

Visual Difficulty: Wear Glasses?:

Date of Last Examination by Eye Specialist:

Speech Difficulty:

Other Health Problems:

Signature of Parent

Date

Parent Name PRINTED: