



## HEALTH REPORT

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Child's health history and current health problem: \_\_\_\_\_

Any special medical conditions, including chronic health problems: \_\_\_\_\_

Are your child's immunizations up to date? \_\_\_\_\_ If not, what is needed? \_\_\_\_\_

Has Your child had any of the following common childhood illnesses	YES / NO	If you child prone to:	YES / NO		Date	Results / Reaction
Chicken Pox	Y N	Ear Infections	Y N	Last Tetanus Shot		
German Measles	Y N	Stomach Upsets	Y N	TB Test		
Scarlet Fever	Y N	Diabetes	Y N	Chest X- Ray		
Measles	Y N	Headaches	Y N	Sickle Cell Test		
Mumps	Y N	Colds	Y N			
Whooping Cough	Y N	URI	Y N			
Rubella	Y N	Sore Throats	Y N			
Rheumatic Fever		Heart Disease				
		Other:				

Does your child have any speech, hearing, or visual problems? \_\_\_\_\_

Has your child ever had any surgeries? \_\_\_\_\_ Describe: \_\_\_\_\_

Known medical problems? \_\_\_\_\_

Child's Blood Type: \_\_\_\_\_ Drug Reactions: \_\_\_\_\_ Contact with Tuberculosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

**My signature below certifies that my child is to my knowledge, in good health, and free of disabilities that would endanger him/ her or the children.**

**Also by signing bellow I agree that this is a legally binding form.**

**Providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.**

Mother Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Everglades Academy: \_\_\_\_\_ Date: \_\_\_\_\_