



HAYWORTH CHRISTIAN SCHOOL

Student's Medical Report

This form must be filled out and returned to school office before child is accepted! Be sure HCS receives a copy of immunization records.

Student's Name _____ Birth date _____

Parent or Guardian's Name _____

Parent or Guardian's Address _____

Gender: () Male () Female

Medical History (May be completed by parent)

1. Is child allergic to anything? No _____ Yes _____ If yes, what? _____

2. Is child under a doctor's care? No _____ Yes _____ If yes, for what reason? _____

3. Is the child on any continuous medication? No _____ Yes _____ If yes, what? _____

4. Any previous hospitalizations or operations? No _____ Yes _____ If yes, when and what for? _____

5. Any history of significant previous diseases or recurrent illness? No _____ Yes _____

Diabetes? No _____ Yes _____ Heart trouble? No _____ Yes _____

If others, what/when? _____

6. Does the child have any physical disabilities? No _____ Yes _____ If yes, please describe _____

7. Any mental disabilities? No _____ Yes _____ If yes, please describe _____

8. Does the student have any history of convulsions? No _____ Yes _____ If yes, please describe _____

Parent or Guardian's Signature _____