

HEALTH RECORD

To Be Completed By Parent (please print):

Child's Name	Birthdate / /
Physician's Name	Phone
Child's Height: inches	Child's Weight: lbs.

ILLNESS HISTORY	OPERATIONS
<u>Date</u>	<u>Date</u>
Chicken Pox	Tubes in Ears
Measles	Tonsillectomy
Mumps	Appendectomy
Rubella	Adenoidectomy
Whooping Cough	Mastoidectomy
Pneumonia	

Existing illnesses/injuries?
Currently taking medication?
Vision impairment or eye infection?
Hearing impairment or ear infection?
Speech problems?
Currently in any type of therapy?
Previous serious illnesses/injuries?
Hospitalized in last year?
Any previous therapy?
Parent Concerns / Comments:

Signed _____ Date _____