



HEALTH INVENTORY

Child's Name: _____ Birthdate: _____ Grade: _____

Mailing Address: _____ Phone: _____

Physical Address: _____

Family Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Dear Parents:

Although some of the information requested below may overlap with the data supplied on the physical examination report form filled out by your family doctor, we would like you to fill out this form for use by the classroom teacher. Your remarks and evaluations will be very helpful in teaching and understanding your child in the classroom and will be kept strictly confidential.

Medical History: Please check (X) any of the following which your child has had:

- | | | |
|-----------------------|----------------------------|---------------------|
| _____ Diabetes | _____ Tuberculosis Contact | _____ Measles 3-day |
| _____ Epilepsy | _____ Polio | (German-Rubella) |
| _____ Heart Disease | _____ Chickenpox | _____ Measles |
| _____ Rheumatic Fever | _____ Mumps | (Hard Rubella) |
| | _____ Whooping Cough | _____ Scarlet Fever |

Allergies: Please Explain: _____

On Medication of any kind: Yes _____ No _____ Please Explain: _____

Other problems, operations or serious injuries: _____

Are immunizations up-to-date: Yes _____ No _____

Please check (X) if the following are applicable:

Wears glasses for school? Yes _____ No _____

Hearing problems? Yes _____ No _____

Requires special seating for vision or hearing problems? Yes _____ No _____

Please Explain: _____

Does your child have any speech problems? Yes _____ No _____

Please Explain: _____

Is your child subject to any conditions which may result in a classroom emergency such as: epilepsy, fainting spells, diabetes, allergic reactions, bee stings, heart conditions, etc.? Yes _____ No _____

Explain, if any: _____

What action do you recommend or suggest: _____

How would you evaluate your child's behavior and overall adjustment?

_____ Very Well Adjusted _____ Average _____ Fair _____ Poor

Is your child subject to emotional outbursts or temper tantrums? Yes _____ No _____

Please Explain: _____

Special needs in the classroom situation;

Is there any other information that would be helpful to the classroom teacher:

Date: _____ Parent's Signature _____