

Health Inventory
Indiana Conference of Seventh-day Adventists
Education Department

PERSONAL INFORMATION

Student's Full Legal Name _____

Date of Birth _____ Age _____ Telephone _____

Address _____

Father's Name _____ Mother's Name _____

Whom to notify in case of illness (give address and phone numbers) _____

(A) _____ (B) _____

Does the student live at home with parents? Mother Father Other _____

Does the student have coverage by accident or hospitalization policy? (state type) _____

MEDICAL INFORMATION

1. Current or Previous Illnesses (check all that apply):

- | | | | | |
|--|---|--|---------------------------------------|--|
| <input type="checkbox"/> Measles | <input type="checkbox"/> Mumps | <input type="checkbox"/> Rubella | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Chorea | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> HIV | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Other: _____ | |

List any other serious illnesses, operations, or injuries, and age when occurred:

-
2. Has this student ever been around anyone known to have tuberculosis? Yes No
Has he/she ever been skin tested for tuberculosis? Yes Year _____ No
Has he/she ever had a chest X-ray? Yes Year _____ No

3. When did the student last visit the dentist? Date _____
(Recommended visit twice yearly)

4. Has the student had his/her eyes examined? Date _____ By whom? _____

5. Please list any allergies or reactions (i.e., food, insect stings, or medications, etc.):

6. Please list any medications the student is taking:

7. List any other items helpful to the school program in planning for student's health: