Rescue Union School District

Rescue C.O.O.L. SCHOOL

Student Health Information

Student's Name _____Date of Birth __/__/___ M / F

Do you have any special health concerns regarding your child?

_____

_____

_____

_____

Student Health Inventory

- ☐ Rubeola (10 day measles)
- ☐ Rubella (3 day measles)
- ☐ Whooping Cough
- ☐ Chicken Pox
- ☐ Mumps
- ☐ Strep Throat (repeated)
- ☐ Scarlet Fever
- ☐ Polio
- ☐ Glasses __ Yes* __ No

(*Year last pair obtained _____)

- ☐ Diphtheria
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Seizures
- ☐ Hepatitis
- ☐ Cerebral Palsy
- ☐ Speech Problems
- ☐ Hospitalizations (note reason below)

- ☐ Frequent Headaches
- ☐ Hard of hearing
- ☐ Hernia (ruptures)
- ☐ Fainting spells
- ☐ Asthma
- ☐ Allergy (describe below)
- ☐ Bed wetting
- ☐ Rheumatic Fever

Please note below any other serious illness, unusual birth or developmental history, operations (including tonsillectomy, ear tubes, etc.) or injury, giving age when occurred and also if there were any permanent repercussions: _____

_____

_____

_____

Form completed by: _____ Relationship: _____

Date: _____