BIG HEART CHRISTIAN SCHOOL

STUDENT HEALTH INFORMATION

STUDENT NAME: _____ **DATE OF BIRTH:** _____ ☐ **MALE** ☐ **FEMALE**

Certificate of Immunization: Please fill in the following or submit a copy of a completed equivalent Form

	Vaccine Doses Administered
DTP (Diphtheria, Tetanus and Pertussis)	1.__/__/__ (DD MM YY) 2.__/__/__ 3.__/__/__ 4.__/__/__ 5.__/__/__
POLIO (OPV or IPV)	1.__/__/__ 2.__/__/__ 3.__/__/__ 4.__/__/__ 5.__/__/__
MMR (Measles, Mumps and Rubella)	1.__/__/__ 2.__/__/__
MEASLES BOOSTER	1.__/__/__ 2.__/__/__ 3.__/__/__ 4.__/__/__ 5.__/__/__
HEPATITIS B	1.__/__/__ 2.__/__/__ 3.__/__/__
CHICKENPOX	1.__/__/__
OTHER ( )	1.__/__/__ 2.__/__/__ 3.__/__/__ 4.__/__/__ 5.__/__/__

TB SKIN TEST (List most recent test and result)	**DATE GIVEN**	**MM INDUR**	**IMPRESSION**	
	D D M M Y Y	mm	POSITIVE	NEGATIVE
	DATE GIVEN	**MM INDUR**	**IMPRESSION**	
	D D M M Y Y	mm	POSITIVE	NEGATIVE
Chest X-RAY (Required it skin test positive)	**FILM DATE**	**IMPRESSION**		
	D D M M Y Y	POSITIVE	NEGATIVE	

MEDICAL HISTORY AND CURRENT MEDICAL PROBLEMS

LIST ANY SERIOUS ILLNESSES, MEDICAL CONSITONS, ALLERGIES, ACCIDENTS, OPERATIONS, NUTRIONAL, MENTAL OR EMOTIONAL PROBLEMS AND OR HANDICAP_____

DOES THE STUDENT HAVE A MEDICAL CONDITION THAT REQUIRES CONTINOUS MEDICAL CARE? _____

IS THE CHILD TAKING PRESCRIBED MEDICATION REQULARLY? ☐Yes ☐ No

IS THE CHILD USING A MEDICAL DEVICE? ☐ Yes ☐ No

DOES THE CHILD HAVE ALLERGIES? ☐ Yes ☐ No

PLESAE EXPLAIN TYPE OF REACTION _____

IF YES TO ANY ITEM ABOVE, PLEASE DESCRIBE _____

AUTHORIZATION

PERMISSION IS GRANTED FOR

Tylenol OR IBUPROTEN	☐ Yes	☐ No
TREATMENT OF ILLNESS	☐ Yes	☐ No
EMEGENCY CARE	☐ Yes	☐ No

PARENT SIGNATURE

_____

In the event of an emergency medical situation where I am not able to be immediately contacted, I give my permission for (Student full name) to receive medical treatment, possibly including local or general anesthesia, at the best facility determined by the attending Big Heart Christian School sponsor. Every effect will be made to contact parents before any procedures are carried

Parent Signature. _____ **Date.** _____