STUDENT HEALTH HISTORY

LIBERTY CHRISTIAN ACADEMY

10477 Refugee Road, Pataskala, Ohio 43062 Phone 740-964-2211 Fax 740-964-2311

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CHILD'S LAST NAME FIRST MIDDLE DATE OF BIRTH

Required Compulsory Immunizations Law Requires:

5 DPT, 4 POLIO, 2 MMR, 3 HEPATITIS B, 2 VARICELLA

Ohio law allows a 14 day period for you to provide a record of your child's immunizations.

(Separate form required for exemption due to medical or religious reasons; or good cause.)

An immunization record can be attached from healthcare provider, signed or stamped by physician or clinic.

IMMUNIZATION RECORD

TYPE	DATE				
DPT	/ /	/ /	/ /	/ /	/ /
POLIO	/ /	/ /	/ /	/ /	XXXXXXXXXXX
MMR	/ /	/ /	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX
HEP-B	/ /	/ /	/ /	XXXXXXXXXXX	XXXXXXXXXXX
Varicella	/ /	/ /	XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXX
Tdap Booster	7th Grade	/ /			

1. HEALTH CONDITIONS – Please check any that this child has had:

___ Abnormal spinal curvature (scoliosis)
___ Allergies
___ Anemia
___ Arthritis
___ Asthma
___ Behavior problems
___ Birth or congenital abnormalities
___ Cancer
___ Chicken pox
___ Diabetes
___ Eczema
___ Emotional problems
___ Headaches
___ Heart disease
___ Hepatitis
___ Kidney disease
___ Measles (10 day)
___ Meningitis
___ Mumps
___ Rheumatic fever
___ Rubella (3 day measles)
___ Seizures
___ Sickle cell disease
___ Throat infections (frequent)
___ Urinary tract infections
___ Wetting (daytime/night)

Please comment, as you feel necessary, on any of the above.

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2. VISION AND HEARING
   Frequent ear infections? ____
   Reduction in hearing? ____ P.E. Tubes? ____ in place? ______________
   Wear glasses? ____ Reason ______________

3. INJURIES AND ILLNESSES – Please list any severe injuries or illnesses.

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4. MEDICATION
   What medications are given daily? ______________
   What medications are given frequently, but not daily? ______________

5. ADDITIONAL CONCERNS

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Revised 2/12 TP