

**Faith Christian Academy**

**2017-2018**

**Student Health History**

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Do you have any physical disabilities or special health conditions?  Yes  No

*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_

2. Do you regularly require any medication or inhaler?  Yes  No

*If yes, please list medications and explain:* \_\_\_\_\_  
\_\_\_\_\_

3. Have you ever been medically advised not to participate in any sport?  Yes  No

*If yes, explain:* \_\_\_\_\_  
\_\_\_\_\_

4. Are you presently under a physician's care for any reason?  Yes  No

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_  
*If yes, explain:* \_\_\_\_\_

5. Have you had any INJURY or SURGERY in the last year causing loss of time from activity, or school?

Yes  No  If yes, explain location (i.e. left knee) diagnosis \_\_\_\_\_  
\_\_\_\_\_

6. Are you allergic to any medications/foods/etc.?  Yes  No

*If yes, describe medication and/or food and reaction to look for:* \_\_\_\_\_  
\_\_\_\_\_

7. Do you wear glasses/contact lenses?  Yes  No

*If yes, do you wear them when participating in sports?*  Yes  No

8. Do you have a hearing loss?  Yes  No

*If yes, please explain:* \_\_\_\_\_

My child has had **no** immunizations since the beginning of last year school year

My child **has** had immunizations since last year and the most recent copy of shot records is attached.

My child has not been vaccinated and I have completed a Personal or Medical Exemption Form.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent/Guardian Printed Name / Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date