OUR LADY OF VICTORY SCHOOL

Health Information Form

State law requires the information below to be on file in the school office. The law specifically requires immunization for polio, diphtheria, pertussis (whooping cough), rubeola (ten day measles), rubella (three day measles), mumps, and Hepatitis B before a child enters school. We must have written evidence from a physician or health department to verify your child's immunization for these diseases (such as an immunization record/card). Kindergarten or new students are required to provide written evidence of a physical exam. Please complete the Report of Health Examination for School Entry form, included in the registration packet.

Parents are requested to complete the information required below:

Name of student: _____ Grade: _____ Birth date: _____

Gender: Male ___ Female ____ Mother's Name: _____ Father's Name: _____

Does your child have, or have they had, any of the following diseases or conditions?

	Yes	No	Date		Yes	No	Date
Allergies (complete question 3 below)				Measles – 3 Day			
Asthma				Measles – 10 day			
Chickenpox				Migraine Headaches			
Attention Deficit				Mumps			
Diabetes				Operations			
Epilepsy				Polio			
Heart Condition				Rheumatic Fever			
Hearing Loss				Seizures			
Heart Disease				Tuberculosis			
Injuries				Vision			

If you have answered yes to any of the above please explain on the back of this sheet.

1. Please describe any past physical injuries, surgeries or illnesses which might affect your child's performance in school:
   _____
   _____

2. Does your child have any physical limitations that we must be aware of for his/her safety or health?
   Yes _____ No _____ If yes, please describe below:
   _____
   _____

3. Please list any allergies your child has or may have, please also describe severity of allergy: _____
   _____
   _____

4. Is your child currently taking any medication? Yes _____ No _____ If yes, what medication is he/she taking?
   Medication: _____ Dosage: _____
   The condition for taking the medication: _____
   When was his/her last physical examination? Doctor: _____Date: _____