

## Health Report for Enrollment

Name of Child:	DOB:	AGE:	Gender:
Child's health history and current health problems:			
Any special medications and /or restrictions:			
Are your child's immunizations up to date? If not, what is needed?			
Has your child had any of the following common childhood illnesses?		Is your child prone to:	
Chicken Pox	Y / N	Ear Infections	Y /N
German Measles	Y / N	Stomach Upsets	Y /N
Scarlet Fever	Y / N	Diabetes	Y /N
Measles	Y / N	Headaches	Y /N
Mumps	Y / N	Colds	Y /N
Whooping Cough	Y / N	URI	Y /N
Rubella	Y / N	Sore Throats	Y /N
Rheumatic Fever	Y / N	Heart disease	Y /N
Other:	Y / N	Other:	Y /N
Does your child have any speech, hearing or visual problems?			
Has your child ever been tested for any of the above? Describe:			
Child's blood type if known:			
Any drug reactions:			
Contact with Tuberculosis:			
I _____, a health care professional, have examined the above named child in my office on _____ (date within past 12 months), and I deem this child to be free of any contagious conditions and to be physically able to take part in a school program.			
Physician's Signature:		Date	
Father/ Guardian's Signature		Date	
Mother/Guardian's Signature		Date	
Acorn Academy		Date	