

NAME: _____ CURRENT GRADE _____ DATE OF BIRTH _____

HOPE ACADEMY

STUDENT HEALTH INVENTORY 2022-2023

PLEASE PROVIDE ALL RELEVANT HEALTH INFORMATION CONCERNING YOUR STUDENT.

PHYSICIAN NAME _____ DATE OF LAST PHYSICAL EXAM _____

ROUTINE OR DAILY MEDICATIONS: _____

ILLNESSES AND DATES: _____

HOSPITALIZATIONS, REASONS AND DATES: _____

ACCIDENTS, INJURIES AND DATES: _____

HEALTH CONCERNS	YES	NO	MEDICATION [NAME, DOSAGE]	RESTRICTIONS AND COMMENTS
ASTHMA, RESPIRATORY				
ALLERGIES				LIST:
DIABETES				
SEIZURES, NEUROLOGICAL				
HEART, BLOOD				
MUSCLES, BONES, JOINTS				
BLADDER, KIDNEY				
STOMACH, INTESTINES				
SKIN				
HEARING				
EAR INFECTIONS				
TUBES, DATE OF TUBES				
VISION				
EYEGASSES				
SPEECH				
PHYCOLOGICAL				
HEADACHE				
DENTAL				

PARENT / GUARDIAN SIGNATURE

DATE

PHONE NUMBER

