CENTRAL CATHOLIC HIGH SCHOOL HEALTH RECORD

Problem				Graduation Year:				
FAMILY INFORMATION				4				
NAME					DOB:			
Last		First	M	Middle				
□ Female □ Male								
HOME ADDRESS			7i.e	Ph	one			
FATHER		City	Zip	Cell. Phone				
Name		Plac	e of Occupation	Co	II Dhana			
MOTHER Name		Place	e of Occupation	ce	ll. Phone			
HEALTH HISTORY	YEAR		Y	EAR				
Allergies	1	Epilepsy			Family Physician			
Asthma		Frequent Colds			Phone #			
Chicken Pox		Frequent Sore Throa	it		Glasses Contacts			
Convulsions/Seizures		Heart Disease			Eye Specialist			
Diabetes Diabetes		Nosebleeds			Phone #			
Ear Problems		Pneumonia			Dentist			
Lat 1100icili3					Phone #			
MMUNIZATIONS D	ATE DAT	E DATE DATE	DATE					
DPT								
POLIO								
HEPATITIS B								
MMR								
VARICELLA								
MENINGOCOCCAL								
HIB								
HEPATITIS A								
-IPV								
Гdар								
SPECIAL HEALTH PROBLE	MS	RESTRICTED	ACTIVITY		MEDICATIONS OR TREATMENT			
CARE OF STUDENT IN CA	SE OE ENAC	RGENCY AT SCHOOL						
			e called to transp	ort stude	nt and accept responsibility:			
n the event parent canno	or be locall	, person mile may be	Phone #					
lospital Choice:								
Parent/Guardian					Date			

	OOL HEALTH PRO	CEDUDE	ES (to b	e filled	in by sch	nool pers	onnel)				
		CEDURE	23 (10 D	6 THEO	III by sea	loor pers	1			1	
Schoo	ol Year			-		-					
Grade	2			-	-		1	1			
Ht.				-	-	+		-			
Wt.				-	1	-		1	1		
Blood	Pressure				-	+	-			1	1
Pulse					-	+		-		1	1
	sis Screening						1		1		
				,	-	1	1	1		T	1
	Rt						1	-	-	-	
	Lt					1	4	-	-	-	
	Recheck						4		<u> </u>		
	Rt with glasses								1		
O N	Lt with glasses										-
VISION	Lens Change										
	Color										
HEARING	Rt ear										
	Lt ear										
	Rt ear Recheck										
王	Lt ear Recheck								11		
	Hearing Aid			1							
3. T	Notos										
Grade	s: Notes Date										
didde											