Ross Corners Christian Academy
2101 Owego Rd.
Vestal, NY 13850
Phone: 607-748-3301 Fax: 607-748-3301

MEDICAL HEALTH HISTORY

Parent/Guardian - *Please fill out this report completely*

Name _____ Age _____

◯ Male ◯ Female Date of Birth _____ Place of Birth _____

School _____ Grade _____

Address _____ City _____ State _____ Zip Code _____

Name of Father/Guardian _____

Name of Mother/Guardian _____

Family Medical Provider _____ Phone Number _____

History of Diseases & Date

Select Disease	Select Disease	Select Disease	Select Disease	Select Disease	Select Disease	Select Disease
Chickenpox	Chickenpox	Chickenpox	Chickenpox	Chickenpox	Chickenpox	Chickenpox
Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia	Pneumonia
Scarlet Fever	Scarlet Fever	Scarlet Fever	Scarlet Fever	Scarlet Fever	Scarlet Fever	Scarlet Fever
Nephritis	Nephritis	Nephritis	Nephritis	Nephritis	Nephritis	Nephritis
Mononucleosis	Mononucleosis	Mononucleosis	Mononucleosis	Mononucleosis	Mononucleosis	Mononucleosis
Diabetes	Diabetes	Diabetes	Diabetes	Diabetes	Diabetes	Diabetes
Epilepsy	Epilepsy	Epilepsy	Epilepsy	Epilepsy	Epilepsy	Epilepsy
Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease	Heart Disease
Anemia	Anemia	Anemia	Anemia	Anemia	Anemia	Anemia
Date	Date	Date	Date	Date	Date	Date

Other not listed: (please explain) _____

Other Problems (If you check Yes, please explain in space provided.)

Hospitalizations? _____ ◯ YES ◯ NO

Surgeries? _____ ◯ YES ◯ NO

Illnesses? _____ ◯ YES ◯ NO

Current Medications (list and give purpose) _____ ◯ YES ◯ NO

Allergies (Environmental, medications, insect stings) _____ ◯ YES ◯ NO

Convulsions, seizures? _____ ◯ YES ◯ NO

Please continue to Page 2 before printing!

Removable dental appliances? ◯ YES ◯ NO

Eyeglasses/Contact Lens? ◯ YES ◯ NO

Any joint injuries (fractures, sprains, strains, or dislocations) ◯ YES ◯ NO

Any heart diseases? (murmurs, extra beats or high blood pressure) ◯ YES ◯ NO

Any missing organs? (kidney, testicle, eye) ◯ YES ◯ NO

Any other Health Information that you may wish recoreded, please use this space:

When complete, please Print Form and sign below. Print Form

Current Date

Signed By (Parent/Guardian)