

CHICAGO PARK SCHOOL DISTRICT

Health Inventory Form

(Please print or type; complete all applicable items)

Student's Name: _____

Does your child have a problem with any of the following?

Convulsions _____ # times a year _____ Eczema _____
Frequent colds _____ # times a year _____ Diabetes _____
Ear infections _____ # times a year _____ Epilepsy _____
Tonsillitis _____ # times a year _____ Tonsils/Adenoids Removed? _____
Fever over 103 _____ # times a year _____ Heart condition _____

Orthopedic problems? _____ Food allergies? _____

Asthma or hay fever? _____ Other allergies, please explain: _____

____ Wears glasses ____ Hard of hearing ____ Frequent urination
____ Speech difficulty ____ Hernia ____ Fainting spells

List any operations, injuries or deformities:

Does a physical condition exist which would make it unwise for your child to participate in vigorous activity? Yes _____ No _____ If yes, please explain:

Is the child taking any medication? Yes _____ No _____ Please specify: _____

Name of child's doctor _____ Date of last exam _____

Please provide any additional information you feel may assist us in making your child's adjustment to school as smooth as possible:

Has your child been receiving special education services? Yes _____ No _____

If yes, from what program?

Special Day Class (SDC) _____ Resource (RSP) _____ Title 1 _____
Speech _____ 504 Plan _____ Other _____

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A RECORD OF YOUR CHILD'S IMMUNIZATIONS MUST ACCOMPANY THIS FORM. A waiver may be completed at the time of registration for medical reasons or personal beliefs. For your information, California Law AB2068 requires that every child entering the first grade complete a comprehensive health screening examination (Child Health and Disability Prevention Program).