

Hammond Baptist Schools – Health Record

A Ministry of the First Baptist Church of Hammond, Indiana
134 West Joliet Street, Schererville, Indiana 46375

Name _____ Date of Birth ____/____/____ Grade _____
 Address _____ Male ___ Female ___ Age _____
 Street City State Zip
 Father's name _____ Work phone (____) _____
 Mother's name _____ Work phone (____) _____
 Home phone (____) _____ Cell phone (____) _____
 Physician _____ Phone (____) _____

IMMUNIZATIONS: The immunizations below are required by law and are free at your local Health Department					
	Month – Day – Year	Month – Day – Year	Month – Day – Year	Month – Day – Year	Month – Day – Year
DTap/DTP/DT/Td (5 for SK thru grade 12)					
Tdap Booster (1 after 10 years of age, grade 6-12)					
Polio (4 for all grades)					
MMR (2 measles, 2 mumps, 1 rubella for all grades)					
Hepatitis B (3 for all grades)					
Varicella (2 for all grades, or history of disease)					
History of Chicken Pox Disease Had disease: Month: _____ Year: _____	Physician's signature: _____ Parent's signature: _____				
Meningococcal (MCV4/Menactra) (1 for grade 6-12)					
Hepatitis A (Will probably be required in the future)					
Other					

HISTORY											
Have you <u>EVER</u> had:	Yes	No	Have you <u>EVER</u> had:	Yes	No	Do you <u>NOW</u> have:	Yes	No	Do you <u>NOW</u> have:	Yes	No
Fainting			Kidney Disease			Blurred Vision			Nosebleeds		
Diphtheria			Tuberculosis			Recurring Headaches			Frequent Sore Throat		
Scarlet Fever			Jaundice			Fainting			Stomach Pains		
Rheumatism			Chicken Pox			Convulsions			Recurring Skin Conditions		
Rupture / Hernia			Rubella (German Measles)			Blackouts			Asthma		
Rheumatic Fever			Measles (Rubeola)			Painful Joints			Frequent Diarrhea		
Poliomyelitis			Mumps			Backaches			Frequent Constipation		
Pneumonia			Convulsions			Pounding of Heart			Orthopedic Problems		
Asthma			Allergy (specify)			Shortness of Breath			Allergy (specify)		
Diabetes			Drug / Alcohol / Tobacco Usage			Frequency of Urination			Drug / Alcohol / Tobacco Usage		
Heart Disease			Other (specify)			Cough			Other (specify)		

Operations (specify) _____
 Serious Accidents _____

FAMILY HISTORY: Give state of health or cause of death for:
 Mother _____ Father _____ Sisters _____ Brothers _____
 Sickness in the home (describe) _____

MEDICAL INFORMATION

(Completed by physician)

PHYSICAL EXAMINATION

Name _____ Grade _____ Age _____ Sex _____ Height _____ Weight _____
B/P _____ / _____ Temperature _____ Pulse _____ Respirations _____

Skin _____ Any recurring problems? _____

Head

Hair and scalp _____
Eye abnormalities _____ Vision _____ Left _____ Right _____
Ear abnormalities _____ Hearing _____ Left _____ Right _____

Nose and Throat

Palpable nodes _____
Tonsils _____

Chest

Lungs _____
Heart _____

Abdomen Hernia (*inguinal; femoral; umbilical; other*): _____

Extremities _____

Orthopedic Defects _____

() I recommend a **regular** program of activity, which includes the following:

Boys - Basketball, soccer, track, wrestling, volleyball, gym hockey, football, etc.

Girls - Tumbling, basketball, volleyball, soccer, track, badminton, flag football, softball, etc.

() I recommend a **modified** program of physical activity. (Specify degree and reason below)

Restricted physical education includes less strenuous activities, such as ping pong, walking, throwing, officiating, and score-keeping.

Comments and recommendations _____

***Recommendations for modified activity are effective for the current school year only.**

Any other information not covered above _____

Other comments _____

Date _____ Signature _____

Address _____

City, State, & Zip _____ Phone (_____) _____