Emmanuel SDA School & Preschool

Health History Record

(Preschool Students)

Child's Name _____

Last First Middle

Address

Please answer by writing PAST, NOW, or NEVER beside each of the following illnesses:

_____ Frequent sore throat	_____ Kidney Trouble
_____ Sinus Infection	_____ Convulsions
_____ Abscessed Ears	_____ Sleepwalking
_____ Bronchitis	_____ Athlete's Foot
_____ Fainting/ Dizziness	_____ Heart Trouble
_____ Stomach Upsets	_____ Lung Trouble
_____ Asthma	_____ Tuberculosis
_____ Tires Easily	_____ Seizures
_____ Hay Fever	_____ Menstrual Problems
_____ Diabetes	_____ Sickle Cell Anemia

Other

_____

_____

Name of Parent/Guardian (Please Print) Name of Parent/Guardian (Please Print)

Signature Signature Date

Date