LAST NAME: ______________________________ **FIRST NAME:** ____________________

ST. MARY SCHOOL

735 Union Road ~ Vineland NJ 08360

Annual Health Appraisal Form: ________

(School Year)

DOB: _______________ **GRADE:** ___________

ADDRESS: ____

PHONE #: ________________________ **DATE COMPLETED:** ______________________________

Parents must complete this required annual form regarding each child's health history.

NOTE: THIS FORM IS STRICTLY **CONFIDENTIAL** AND IS KEPT IN A LOCKED FILE IN THE NURSE'S OFFICE.

Medical Conditions – (Please check any that apply and explain.)

_____**ALLERGIES** ______________________________

_____**EPI PEN** ____________________________

_____**ASTHMA** ________________________________

_____ **ATTENTION DEFICIT DISORDER** ____________

_____**BLEEDING DISORDER**______________________

_____**BONE/MUSCLE**____________________________

_____**DIABETES:**

INSULIN AMOUNT AND TIME: _____________

INSULIN TYPE: ____________________

BLOOD SUGAR-TIMES: ________________

BLOOD SUGAR TARGET RANGE: ___________

_____**EAR/HEARING- NOSE/THROAT**

____

_____**EMOTIONAL STRESS**_______________________

_____**EYE/VISION** _____________________________

_____**HEART** __________________________________

_____**RESPIRATORY** ______________________________

_____**SEIZURES (CONVULSIONS)**

______ ABSENCE ____________________________

______ GRAND MAL __________________________

______ PETIT MAL ___________________________

______OTHER_______________________________

_____ **SKIN** _____________________________________

_____**STOMACH/INTESTINAL/ MOUTH**

____

_____**URINARY** __________________________________

______**MEDICATIONS NOT PREVIOUSLY LISTED**

____

____

_____ **OPERATIONS** ____________________________

____

______ **OTHER** _________________________________

PHYSICIAN NAME: ________________________________ **LAST PHYSICAL EXAM:** ___________

ADDRESS____ **PHONE #:** ________________________

CITY ______________________ **STATE** _______ **ZIP** ___________