



Antelope Valley Learning Academy Health Appraisal Report - Enrollment Form

Pupil's Name	Grade	Birthdate
MALE FEMALE (Circle One)		
Pupil's Address	Phone	

Dear Parent: Your child's success in school depends, to a great extent, on his physical well being. In order to care for your child better here at school we request that you complete the following form:

I UNDERSTAND THIS HEALTH INFORMATION IS CONFIDENTIAL AND WILL BE GIVEN ONLY TO TEACHERS AND SCHOOL PERSONNEL WHO ARE INVOLVED WITH MY CHILD.

Parent Signature

Date

ILLNESSES (Past or Present)	YES	NO	YES	NO	YES	NO
Measles (10 day)			Convulsions/seizures			Vision Problems
German Measles (3 day)			Frequent Stomach aches			Wears Glasses - all of the time
Chickenpox			Frequent Nosebleeds			Wears Glasses - some of the time
Mumps			Frequent Sore Throat & Colds			Frequent Ear Infections/Aches
Rheumatic Fever			Frequent Severe Headaches			Hearing Loss/Under Care
Scarlet Fever			Dizziness, Fainting Spells			Speech Difficulties
Meningitis			Mouth Breather			Therapy for Speech Problems
Diabetes			Sucks Thumb			Other
Asthma			Bed Wetting/Urinary Problems			

YES	NO	
		1. Does your child have allergies? Please list:
		2. Does your child take medication? If yes, give type, amount and reason.
		3. Has s/he had any serious accidents? If yes, explain further:
		4. Has s/he had any operations? If yes, explain:
		5. Has s/he been hospitalized? If yes, explain further:
		6. Is s/he under care of a doctor now? Explain.
		7. Does your child have limited physical activity? Explain.

If you wish to discuss or need help with any of the above, please ask for the health assistant or designee at your school. They will be happy to help you.