

# Hammond Baptist Schools

*A Ministry of the First Baptist Church of Hammond, Indiana*

134 West Joliet Street, Schererville, Indiana 46375

## HEALTH RECORD

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 <b><u>EVER</u></b> had:	Yes	No	Have you <b><u>EVER</u></b> had:	Yes	No	Do you <b><u>NOW</u></b> have:	Yes	No	Do you <b><u>NOW</u></b> 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, gymnastics, soccer, track, badminton, 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 (\_\_\_\_\_) \_\_\_\_\_