

HEALTH RECORD FORM
BETHLEHEM LUTHERAN SCHOOL
7545 N. 650 E.
Ossian, Indiana 46777
(260) 597-7366

For **FIRST TIME STUDENTS** and/or if **CHANGES HAVE BEEN MADE SINCE LAST YEAR.**

Student Name _____ Address _____

Age _____ Date of Birth _____ Sex: M F School _____

Parent/Guardian Name _____ Home Phone _____

PREVIOUS DISEASES AND CONDITIONS (approximate dates)

Chickenpox (physician documented) _____ Pneumonia _____ Asthma _____

Operations _____ Allergies _____

Other frequent health problems _____

IMMUNIZATION DATES: *See back side for Indiana State requirements*

Varicella (Chicken Pox) #1 _____ #2 _____

DTaP (Diphtheria-Tetanus & Pertussis) #1 _____ #2 _____ #3 _____
#4 _____ #5 _____

Polio: (IPV) #1 _____ #2 _____ #3 _____ #4 _____

MMR (Measles, Mumps & Rubella) #1 _____ #2 _____

Hepatitis B #1 _____ #2 _____ #3 _____

Hepatitis A #1 _____ #2 _____

Boosters for 6-8th grade

Tdap (Tetanus & Pertussis) #1 _____

MCV4 (Meningitis) #1 _____

EXAMINATION:

Height _____ Weight _____ Ears _____ Throat _____ Heart _____

Eyes _____ Blood Pressure _____ Abdomen _____ Hernia _____

RECOMMENDATIONS:

Physician's Signature _____ Date _____