

Easton Arts Academy Elementary Charter School

30 N 4th Street, Easton, Pennsylvania 18042

Phone (484) 546-4230 Fax (610) 829-6076

HEALTH INVENTORY

Name of child: _____

Grade: _____

Please circle Yes or No. If "Yes" explain and give dates. Use back of page if needed.

1. Allergic to Medications: YES/NO _____
2. Allergic to Food: YES/NO _____
3. List any other allergies: _____
4. Food or dietary restrictions YES/NO _____
5. Asthma: YES/NO Required to use during school hours? YES/NO (times to be used): _____
6. History of Hospitalization: YES/NO _____
7. Ever had surgery: YES/NO _____
8. Fractured bones: YES/NO _____
9. Concussions/Severe head injury: YES/NO _____
10. Seizure disorder: YES/NO _____
11. Frequent ear infections: YES/NO _____
12. Hearing loss or surgery: YES/NO _____
13. Vision problems: YES/NO _____ Wears glasses/contacts: YES/NO _____
14. Chicken Pox: YES/NO Date: _____
15. Eczema/Skin problems: YES/NO _____
16. Heart/Cardiovascular problems or congenital heart disease: YES/NO _____
17. Diabetes: YES/NO _____
18. Urinary/bladder problems: YES/NO _____
19. Intestinal/bowel problems: YES/NO _____
20. Any physical, developmental or health problems at birth: YES/NO _____
21. Medication: YES/NO (Please list all current medications):

22. Medications needed during the school day: YES/NO (Please list all medications need during school hours)

23. Any physical restrictions: YES/NO _____
24. Attention Deficit Disorder (ADD/ADHD): YES/NO _____
25. Psychological/emotional issue: YES/NO _____
26. Any other health problems/issues: YES/NO _____

Signature of parent/guardian: _____

Date: _____

Submitted on _____ by _____