

NORTHERN WELLS COMMUNITY SCHOOLS
Lancaster Elementary School
 275 East Jackson Street, Bluffton, IN 46714
HEALTH RECORD FORM

PLEASE ATTACH A
COPY OF THE
IMMUNIZATION RECORD.

Name: _____ Date of Birth: _____

PREVIOUS DISEASES AND CONDITIONS (approximate dates)

DISEASE/CONDITION	DATE(S)	ADDITIONAL INFORMATION
Asthma		
Chickenpox		
Pneumonia		
ADHD		
Surgeries		
Allergies		
Other (frequent health problems)- 1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	

Height:	Weight:	Ears:
Throat:	Heart:	Eyes:
Blood Pressure:	Abdomen:	Hernia:

Recommendations:

Date: _____ Physician's Signature: _____
 Printed Name: _____