TEMPLETON HILLS ADVENTIST SCHOOL (THAS)

940 Templeton Rd - Templeton, CA 93465 - Phone: (805) 434-1638
Mailing address: PO Box 70 - Templeton, CA 93465
Email: templetonhillsadventistschool@gmail.com

Student Medical Records

Student information:

Last Name:_____First name:_____ DOB:_____

Address:_____City:_____

Parent:_____Phone:_____

Primary Doctor's Name:_____ Phone:_____

Address:_____Date of last Physical:_____

Dentist Name:_____Phone:_____

Address:_____Date of last exam:_____

Does your child have private insurance? _____Medi-Cal:_____

Does your child have Allergies? _____

Does the allergy require an EMERGENCY action plan? _____

Bee sting allergy?____ Does your child need an **inhaler** or **Epipen** at school? _____

Asthma? Yes_____ No_____ Triggered by? _____

CHECK THE FOLLOWING HEALTH CONCERNS THAT PERTAIN TO STUDENT:

- ☐ Wear glasses
- ☐ Lazy eye (L/R)
- ☐ Frequent nose bleeds
- ☐ Breathing problems
- ☐ Skin problems
- ☐ Blood disorder
- ☐ Dental problems
- ☐ ADD/ADHD
- ☐ Anxiety/panic attacks
- ☐ Autism
- ☐ Stomach problems
- ☐ Bladder/bowel problems
- ☐ Hearing aid (L/R)
- ☐ Frequent ear infection
- ☐ Hearing difficulties
- ☐ Began menstruation
- ☐ Diabetes
- ☐ Epilepsy
- ☐ Heart condition
- ☐ Bone/Joint problems
- ☐ Cancer
- ☐ Chicken Pox
- ☐ Diphtheria
- ☐ Heart disease
- ☐ Hay fever
- ☐ Rheumatic fever
- ☐ Allergies/Asthma
- ☐ Insect bites
- ☐ TB
- ☐ Whooping cough
- ☐ Neurological/Tourettes
- ☐ Headaches
- ☐ Measles
- ☐ Other

Are immunizations current? Yes____ No ____

If any health concerns were checked, please explain.

_____

_____

Medications: Please List/Reasons:

_____

_____

_____

- ☐ At home only
- ☐ Needs at school
- ☐ For Emergency only

Other:

- ☐ Serious Illness or Injuries:_____
- ☐ Surgeries:_____
- ☐ Special Education health care needs:_____

Height _____ Weight _____ Blood Pressure _____

AREA	NORMAL	ABNORMAL	NOT EXAMINED	Explain Abnormalities
Skin				
Eyes, Vision, Glasses				
Ears, Hearing				
Nose, Throat				
Mouth, Teeth, Speech				
Glands				
Chest, Lungs				
Cardiovascular, Heart				

AREA	NORMAL	ABNORMAL	NOT EXAMINED	Explain Abnormalities
Abdomen				
-Enlargement				
-Tenderness				
-Hernia				
Spine, Back				
Scoliosis for Grade 7th				
Posture				
Extremities				
Nervous System				

Recommendations:

_____

_____

_____

***Please attach the current immunization card with this form before submitting to school**.
IF YOUR CHILD REQUIRES MEDICATION AT SCHOOL OR NEED A PHYSICAL EDUCATION EXCUSE, PLEASE BRING THE DOCTOR'S NOTE IN ADDITION TO THIS DOCUMENT OR THE DOCTOR CAN WRITE THE NEEDS ON THE RECOMMENDATION SPACE PROVIDED.

_____ _____ _____

Physician's Name Physician's Signature Date