



The Burlington Academy of Learning

Where Children and Families Are Celebrated!

HEALTH HISTORY

Child's Name: _____ Date Completed: ____/____/____

Please fill in the age at which the child has had the following illnesses:

Mumps _____ Hepatitis _____ Meningitis _____ Measles _____

Scarlet Fever _____ Chicken Pox _____ Fifth Disease _____ Other:(specify) _____

Does your child have: Diabetes _____ Tonsillitis _____ Ear Aches _____

Stomach Aches _____ Frequent Vomiting _____ Frequent Colds _____

If you answered YES to any of the above, please explain: _____

Does your child have allergies? _____ If so, what is your child allergic to? _____

How do the allergies manifest themselves? _____

Does your child have: Asthma _____ Hay Fever _____ Hives _____

Other:(specify) _____

Has your child ever: Been to a Dentist? _____ Had a hearing test? _____

Had a vision test? _____ Does your child wear glasses? _____

Does your child wear corrective shoes, a brace, etc? _____

Specify: _____

Does your child regularly take any medications? _____

Specify: _____

Does your child have any physical restrictions? _____

Specify: _____

Please describe your child's overall health: _____

I will notify **The Burlington Academy of Learning** of any changes in this respect, and will update this form when necessary. I am (we are) the person(s) legally responsible for the care of the above-named child.

Signature: _____ Date: ____/____/____

Signature: _____ Date: ____/____/____