



Admissions Office
 8929 Holmes Rd
 Kansas City, MO 64131
 816-444-3567
 Fax: 816-822-8405

Health History

In order to determine the needs of students with any physical limitation or other health impairments, Whitefield Academy requires completion of the student's health history. This information will be held in confidence by school personnel who handle it. It is essential that questions be answered completely and accurately.

Student's Full Legal Name: _____
Please Print Last First Middle

Birth Date: _____ Grade Entering: _____ School Year: _____

1. Date of last physical exam: _____ Doctor: _____

Results: _____

2. Date of last dental exam: _____ Doctor: _____

Results: _____

3. Date of last vision exam: _____ Doctor: _____

Results: _____

4. Date of last ear/hearing exam: _____ Doctor: _____

Results: _____

5. Please check if your child has experienced or been diagnosed with any of the following:

- | | |
|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Frequent throat infections or colds |
| <input type="checkbox"/> Anemia, leukemia or other blood disease | <input type="checkbox"/> Heart disorders |
| <input type="checkbox"/> Asthma or wheezing | <input type="checkbox"/> Nervous, mental or emotional conditions
(ADD, depression, eating disorder) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Spine deformity |
| <input type="checkbox"/> Convulsions, seizures or fainting spells | <input type="checkbox"/> Other disorder or congenital defect |
| <input type="checkbox"/> Diabetes or other gland disorder | |

For any box checked please provide the following information on a separate sheet of paper: date of treatment, physician name and address, results of treatment and/or current prognosis/treatment.

6. Does your child have any other health problems that will (1) affect his/her performance at school, (2) require special care or attention at school or (3) be something school personnel should be informed about? _____

Please provide current detailed information on any allergies and medications your child is taking on the Standard Consent and Release form. An Immunization Record is also required for each student.

Parents/Guardian Name: _____
Please Print First Last

 Signature of Parent/Guardian

 Date