

Columbia Christian Academy
1323 County Route 21
Ghent NY 12075 (518) 392-2361

Columbia Christian Academy Health History

Name _____

Date of Birth _____

Grade _____

Sport _____

The New York State Education Department requires an annual physical exam for new entrants, students in Grade K,2,4,7 and 10, sports and work permits. Please complete the following health history and explain any yes answers.

Yes No

Allergies to:

— — Food: _____

— — Insect: _____

— — Other: _____

— — Asthma _____

— — Anemia _____

— — Arthritis _____

— — Bladder/Kidney Problem or Injury _____

— — Diabetes _____

— — Injury to the Spleen _____

— — Rheumatic Fever _____

— — Stomach Ulcer _____

— — Lyme Disease _____

— — Headaches _____

— — Head Injury/Concussion _____

— — Convulsions/Seizures _____

— — Fainting Spells _____

— — Elevated Blood Pressure _____

— — Heart Problems/ Murmur/ Chest Pain _____

— — Eye problems/ Vision Loss _____

— — Ear problems/ Hearing Loss _____

— — Dental problems _____

— — Nose fracture / Nose Bleeds _____

— — Neck Injury _____

— — Back Pain/ Injury _____

— — Knee Pain/Injury _____

— — Ankle Injury _____

— — Fracture/Dislocation _____

— — Operations _____

— — Any other Medical Conditions _____

— — Prescription Medications _____

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Does your children) have any chronic or potentially life threatening disorders or dangerous medical conditions the school personnel should be aware of: _____

Severe Allergies (for example nuts, latex, insect bites or stings): _____

Treatment plan for care of these medical problems: _____

Does this student have any current physical restrictions of gym/recess concerns: _____

Current medications to be taken at school: _____

All students need an updated immunization records to stay in school

Parent/ Guardian Signature _____

