



INTERNATIONAL STUDENT HEALTH FORM

Student Information				
First Name	Middle Name	Last Name		Date of Birth -mm/dd/yyyy
Insurance Company & Insurance Number		Age	Gender	Entering Grade
			<input type="checkbox"/> Male <input type="checkbox"/> Female	

Diseases/Conditions						
Has the applicant ever had...	Check all that apply	mm/dd/yyyy		Has the applicant ever been diagnosed with...	Check all that apply	mm/dd/yyyy
Diphtheria				Asthma		
Measles				Diabetes		
Mumps				Hearing Problems		
Polio				Heart Condition		
Rubella				Pneumonia		
Tetanus				Seizures		
Chicken Pox				Visual Problems		
Rheumatic Fever				Other		
Scarlet Fever				If Other is checked please specify:		
Whooping Cough						

Please answer the following questions	YES	NO
Has the applicant received required/standard immunizations? <i>(If NO, specify.)</i>		
Does the applicant have any allergies? <i>(If YES, specify.)</i>		
Does the applicant have a disability? <i>(If YES, specify.)</i>		
Has the applicant a medical problem that should be brought to attention of the school? <i>(If YES, specify.)</i>		
Is the applicant on daily medication? <i>(If Yes, specify.)</i>		
Is there any information that you feel is important for the school to know that has not been covered in this update? <i>(If YES, specify.)</i>		