

CHRISTIAN BIBLE CHURCH ACADEMY**Medical History**

It is **MANDATORY** that pupils who show symptoms of communicable disease be excluded from classes until readmission is acceptable to school authorities. Your cooperation will be greatly appreciated. Thank you!

Pupil's Name _____ Birth Date _____ Sex _____

Father's Occupation _____ Mother's Occupation _____

Father's Health _____ If dead, cause _____

Mother's Health _____ If dead, cause _____

PAST DISEASES - If your child has had any of the following, state age when he/she had them.)

Mumps _____ Diphtheria _____ Polio _____

Measles _____ Scarlet Fever _____ Convulsions _____

Whooping Cough _____ Rheumatic Fever _____ Heart Disease _____

Asthma _____ Chicken Pox _____ Diabetes _____

Hay Fever _____ Pneumonia _____ Discharging Ears _____

RECENT DISABILITIES - (Please check any one of the following noted recently).

4 or more colds yearly _____ Speech difficulty _____

Frequent sore throat _____ Crippling conditions _____

Poor vision _____ Hearing difficulty _____

Persistent cough _____ Tires easily _____

Frequent sties _____ Breath shortness _____

Dental defects _____ Hernia (rupture) _____

Fainting spells _____ Ringworm _____

Abdominal pains _____ Nose bleeding _____

Frequent urination _____ Growing pains _____

Allergies _____

(Please list them. If you need more space, use the back of this sheet.)

Student's Name _____

The State of New Hampshire requires students to be fully immunized before they can be accepted as a student in any private school. The State of New Hampshire also requires parents to provide the school with written proof of all immunizations from a physician or clinic.

You and your child will not be able to have an enrollment interview with the school principal until (1) Your child is properly immunized; (2) You have provided official documentation of all immunizations from a physician or clinic. One of the following means will be acceptable as official documentation: (a) Child Health Form (included in New Student Packet) must be completed and signed by your physician or clinic nurse and returned to us; (b) a copy of the immunization card completed by your physician or health care clinic; (c) a record of immunizations listed on physician's/clinical stationery, signed by the physician or clinic nurse; (d) students transferring from other schools-copies of previous school health records, as long as they were official records completed and signed by the school nurse or copied from forms supplied by physician or clinic (including signatures of same). For specifics on what types of immunizations, how many and age requirements for various vaccines, please see the attached listing.