



School Health Examination Record

Please complete this information:

Student's Last Name _____ First Name _____ Birthdate _____

School attended last year _____ Entering Grade _____

Home Address _____ City _____ Zip _____

Home Phone _____

Father's Name _____ Place of Employment _____ Work Phone _____

Mother's Name _____ Place of Employment _____ Work Phone _____

Physician's Name _____ Office _____

Address _____

Physician's Office Phone _____

Is there anything about your child that the Hoban faculty/staff need to know to understand him/her better?

List diseases and other serious illness, injuries or health conditions your child has had and give the year these occurred:

List any allergies your child has:

List any medications your child is currently taking:
