

# Northwoods Christian Academy



"Let me understand the teaching of your precepts;  
then I will meditate on your wonders." Ps. 119:27

610 Hwy 51 S., Hurley, WI 54534 • 1-715-561-2545

## Health Status Report

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name: \_\_\_\_\_ Gender: M F

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Grade: \_\_\_\_

Student's Address: \_\_\_\_\_ (street)  
\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

**Family Medical History** (if these illnesses are present in the family, please mark with these abbreviations: M-Mother, F-Father, Mgm-Maternal Grandmothers, Mgf-Maternal Grandfather, Pgm-Paternal Grandmother, Pgf-Paternal Grandfather, O-other distant relative)

Addictions	Cancer	Hypertension
Allergies	Cognitive impairment	Hearing loss
Asthma	Diabetes	Psychiatric illness
Autism	Endocrine problems	Polio
Bleeding tendencies	Heart attacks	Tuberculosis

**Student Medical History** (check each box that is appropriate)

Addictions	Cancer	Hypertension
Allergies	Cognitive impairment	Hearing loss
Asthma	Diabetes	Psychiatric illness
Autism	Endocrine problems	Polio
Bleeding tendencies	Heart attacks	Tuberculosis

Other diagnosis) \_\_\_\_\_

Previous Operations and dates: \_\_\_\_\_

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**Immunizations** (or attach form) include dates:

Dtap or Tdap \_\_\_\_\_

IPV \_\_\_\_\_

HIB \_\_\_\_\_

PCV \_\_\_\_\_

Hep A \_\_\_\_\_

Hep B \_\_\_\_\_

Varicella \_\_\_\_\_

MMR \_\_\_\_\_

Rotavirus \_\_\_\_\_

HPV \_\_\_\_\_

Meningitis \_\_\_\_\_

Other (include TB tests) \_\_\_\_\_

### Physical Exam

Height (in) \_\_\_\_\_ Percentile \_\_\_\_\_ Weight (lbs.) \_\_\_\_\_ Percentile \_\_\_\_\_

Blood pressure \_\_\_\_\_/\_\_\_\_\_ (rt) \_\_\_\_\_/\_\_\_\_\_ (left)

Visual Acuity \_\_\_\_\_/\_\_\_\_\_ (os) \_\_\_\_\_/\_\_\_\_\_ (od) \_\_\_\_\_/\_\_\_\_\_ (ou)

Positive findings on exam:

\_\_\_\_\_  
\_\_\_\_\_

Additional Diagnosis, though not apparent on exam:

\_\_\_\_\_  
\_\_\_\_\_

Any restrictions of activity? (specify)

\_\_\_\_\_

Any emotional or learning impairment? (specify)

\_\_\_\_\_

\_\_\_\_\_

List current medications and dosing instructions:

\_\_\_\_\_

Pertinent lab studies?

\_\_\_\_\_

Examiner's Signature, Title, Date:

\_\_\_\_\_

Examiner's Printed Name – Contact Phone Number:

\_\_\_\_\_