## **MEDICAL HISTORY FORM**

This form will constitute a medical history for our information. A complete physical exam by your family physician is advised if you feel it is necessary. Please circle the appropriate answer for the following questions.

LAST  Shild ever shown any indication toward: If answered "Yes" please explain Being a diabetic?  Any type of seizures?  Any chronic disease or health problem?  Liver, spleen or kidney problems?  Heart or circulatory problems?  Respiratory problems?  Allergies?  Vision or hearing problems?
Being a diabetic?
Any type of seizures?
Any chronic disease or health problem?  Liver, spleen or kidney problems?  Heart or circulatory problems?  Respiratory problems?  Allergies?
Liver, spleen or kidney problems?
Heart or circulatory problems?
Respiratory problems?
Allergies?
Vision or hearing problems?
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Hernia or genitalia problems?
Orthopedic (bone-joint-skeletal) problems?
Hemophilia, anemia or blood disorder?
Is your child presently under a physicians care for medical problems
Is your child presently taking any medications? Please List
Comments: