



School City of Mishawaka Annual Health Update Form

*Note: This form is **NOT** a physical exam to be completed by a physician. Parent or Guardian is to provide the information requested here to alert the health office and school staff of any medical issues.*

Name _____ Grade/Teacher _____ Date _____

History of illness diagnosed by physician:

Give date of onset and current treatment, including medications and dosage

ADD/ADHD _____

Allergies (insects/foods/medications) _____

Asthma _____

Cardiovascular _____

Chickenpox _____

Diabetes _____

Emotional _____

Gastrointestinal/Bowel _____

Hearing _____

Kidney/Urinary _____

Neurological/Seizures _____

Orthopedic _____

Skin/Dermatitis/Eczema _____

Vision/Glasses or Contacts _____

Other health concerns/conditions that will affect the school day _____

List any other health concerns or conditions that the teaching staff should know or be alert to:

Physician's Name _____ Dentist's Name _____

Eye Doctor's Name _____ Parent's Signature _____