



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 teachers and update the child's school health record each new school year.*

Name _____ Grade/Teacher _____ Date _____

History of illness diagnosed by physician:

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

ADD/ADHD _____

Allergies (bee stings/foods/medications) _____

Asthma _____

Chickenpox _____

Diabetes _____

Ear infection/Hearing _____

Emotional _____

Gastrointestinal/Bowel _____

Heart/Blood _____

Kidney/Urinary _____

Neurological/Seizures _____

Orthopedic/Bone _____

Skin/Dermatitis/Eczema _____

Vision/Glasses or Contacts _____

Other _____

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 _____