



# Emmanuel Christian School

“Training the Next Generation of Godly Leaders”

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## Health Record

TO BE COMPLETED FOR EACH CHILD ENTERING SCHOOL

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Date \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Has your child had any of these diseases/problems?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Whooping cough  | <input type="checkbox"/> Frequent sore throat | <input type="checkbox"/> Hearing problems |
| <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Speech impediment    | <input type="checkbox"/> Seizures         |
| <input type="checkbox"/> Hay fever       | <input type="checkbox"/> Asthma               | <input type="checkbox"/> Earache          |

***Information below should be completed by your family physician:***

Height \_\_\_\_\_ Weight \_\_\_\_\_ Skin/Scalp \_\_\_\_\_ Ears \_\_\_\_\_ Hernia \_\_\_\_\_

Orthopedic Conditions \_\_\_\_\_ Teeth \_\_\_\_\_ Eyes \_\_\_\_\_ Heart \_\_\_\_\_

Nose and Throat \_\_\_\_\_ Nutrition \_\_\_\_\_

Other Findings \_\_\_\_\_

Recommendations \_\_\_\_\_

A child must be up-to-date on his immunizations for diphtheria, tetanus, whooping cough, measles, mumps, rubella, polio, Hib, Hepatitis B, and Varicella before entering school.

Immunizations	Date	Date	Date	Date	Date
DPT					
Polio					
MMR					
Hib					
Hepatitis B					
Varicella					
PCV7					

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_