

# MEDICAL INFORMATION

2024-2025 SCHOOL YEAR

(PLEASE TYPE OR PRINT IN BLACK OR BLUE INK)



**HARVEST**  
CHRISTIAN ACADEMY

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male  Female

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

ETHNIC GROUP (for Public Health Records) – Check all that applies: African American  Caucasian  Chamorro   
Chinese  Filipino  Japanese  Korean  Other: \_\_\_\_\_

Does your child have or had any:

If yes, please explain:

- ▶ Drug allergy? Yes \* No  \_\_\_\_\_
- ▶ Food allergy? Yes \* No  \_\_\_\_\_
- ▶ Serious illness? Yes  No  \_\_\_\_\_
- ▶ Heart problems? Yes  No  \_\_\_\_\_
- ▶ Convulsions? Yes  No  \_\_\_\_\_
- ▶ Physical handicap? Yes  No  \_\_\_\_\_
- ▶ Medicine taken on a regular basis? Yes  No  \_\_\_\_\_
- ▶ Restriction of any physical activity? Yes  No  \_\_\_\_\_
- ▶ Other medical conditions or concerns? Yes  No  \_\_\_\_\_

\* If your child has any severe allergies, please fill out the [Emergency Care Plan for Anaphylactic Allergies Form](#). Forms are also available in the School Office.

Do you give permission for your child to receive Tylenol or any other over-the-counter medication (i.e.: Motrin, Sudafed, Pepto-Bismol, etc.) if the need arises?  Yes  No

Have shot records been provided?  Yes  No (Please see below for immunization requirements)

Latest PPD Test Reading Date: \_\_\_\_\_

All new students are required by Public Health to have a negative PPD skin test result within one year of the start of school when transferring from another school or Guam or within six months when transferring from off-island.

Note: If PPD Test is positive, an x-ray from any Guam medical clinics and a Public Health Clearance form is required. A student may not attend school without providing PPD test results or clearance if necessary.

TO MY KNOWLEDGE, THE ABOVE INFORMATION IS COMPLETE AND CORRECT.

DATE

PRINT NAME

PARENT'S/GUARDIAN'S SIGNATURE

### Immunization Requirements:

|                                   | MMR Dose 1 | MMR Dose 2 | Hep B Doses 1-3 | Polio Doses 1-3 | Polio Dose 4 | Hib Doses 1-4 | DTaP Doses 1-4 | DTaP Dose 5 | TD/Tdap |
|-----------------------------------|------------|------------|-----------------|-----------------|--------------|---------------|----------------|-------------|---------|
| K3-K4                             | √          |            | √               | √               |              | √             | √              |             |         |
| K5                                | √          | √          | √               | √               | √            | √             | √              | √           |         |
| 1 <sup>st</sup> -6 <sup>th</sup>  | √          | √          | √               | √               | √            |               | √              | √           |         |
| 7 <sup>th</sup> -12 <sup>th</sup> | √          | √          | √               | √               | √            |               | √              | √           | √       |

We understand that there may be some variations for your child due to spacing and catch-up immunizations. Please check with your child's physician to ensure that his or her immunizations are current.