

Directions for filling out Medical Information form:

1. Use Adobe Acrobat Reader to view form.
 - Click link below if download is needed.



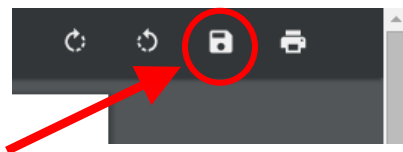
2. Please **DOWNLOAD** or **SAVE** file before completing by clicking the download or save icon.

See images below for reference.

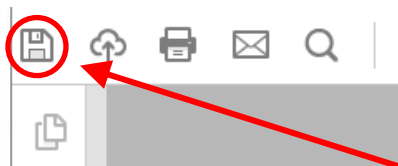
- Firefox browser



- Google Chrome browser



- Internet Explorer browser



3. Please provide the completed form to:

Miss Kris Hurlburt, R.N.

Phone: 671-477-6341 ext. 280

Fax: 671-477-7136

kristen.hurlburt@hbcguam.net



HARVEST CHRISTIAN ACADEMY
P.O. BOX 23189, BARRIGADA, GU 96921
Phone: 477-6341/Fax: 477-7136

MEDICAL INFORMATION

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	_____
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

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

_____ _____ _____
 DATE PARENT'S/GUARDIAN'S SIGNATURE PRINT NAME

FOR OFFICE USE ONLY:			
IMMUNIZATIONS			
Required Vaccines	Dates Given		
DPT			
Hib			
Polio			
Hep B			
MMR			
TD or Tdap			
	Date Given	Date Read	Results
PPD(TB Test)			

_____ **NURSE'S SIGNATURE**