Rhodes School for the Performing Arts

HEALTH INVENTORY FORM

Student's Name: _____ ID No.:_____DATE:_____

PREMATURE? No / Yes : If yes, how many weeks?_____

DISEASE HISTORY	AGE	DISEASE HISTORY	AGE	DISEASE HISTORY	AGE
Asthma		Heart Disorder		Surgery/ Fractures	
Allergy		Kidney Disorder		T B Contract	
Blood Disorder		Orthopedic		Hearing Loss	
Epilepsy		Sinuous Accident		Other	
Diabetes		Rheumatic Fever		Other	

If this Student has had any of the above conditions did he receive medical care? No / Yes

Is the Student under treatment now? No / Yes

Has the Student had a complete physical?	NO	YES: Date
Is the Student on any kind of medication? For what condition(s):	NO	YES: What type?
Is the Student under medical care at this time?	NO	YES:
Name of doctor:		Phone No.

Please list special needs or Abnormalities:

_____

_____

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