



# Faith International Academy

## HEALTH INVENTORY

THE ABOVE INFORMATION IS CONSIDERED CONFIDENTIAL. IT WILL BE SHARED WITH SCHOOL STAFF AS NEEDED DURING THE TIME YOUR CHILD IS ENROLLED IN FAITH INTERNATIONAL ACADEMY IN ORDER TO ENSURE THE HEALTH AND SAFETY OF YOUR CHILD, UNLESS OTHERWISE REQUESTED BY YOU IN WRITING.

IN CASE OF EMERGENCY, I GIVE PERMISSION FOR SCHOOL PERSONNEL TO CALL 911 DAVAO OR TRANSPORT MY CHILD TO THE NEAREST HOSPITAL.

Today's Date: \_\_\_\_\_

Student Passport Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade (in which enrolling): \_\_\_\_\_

Name Used: \_\_\_\_\_ Student's Birth Date: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Birthplace: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Birthplace: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Contact #: \_\_\_\_\_ Mother's Contact #: \_\_\_\_\_

Mission or Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mission or Business Address: \_\_\_\_\_

### **IMMUNIZATION HISTORY**

List dates of immunizations and tests which your child has received. This form will not be accepted without this information. When writing dates, please use the following order: **MONTH, DAY, YEAR.**

**\*DPT, POLIO, AND MMR ARE REQUIRED FOR ENTRANCE INTO SCHOOL**

Diphtheria-Pertusses-Tetanus (DPT)*					
Diphtheria-Tetanus (Td)					
M M R*					
Polio (O=oral I=injection)*					
Tetanus Toxoid					
B C G					
Chicken Pox (Varicella)					
Hepatitis A					
Hepatitis B					
H P V					
Influenza					
Meningococcal vaccine					
Rabies					
OTHERS					

Tuberculin Skin Test Date: \_\_\_\_\_ Result: \_\_\_\_\_

Date: \_\_\_\_\_ Result: \_\_\_\_\_

Chest X-Ray Date: \_\_\_\_\_ Result: \_\_\_\_\_

Date: \_\_\_\_\_ Result: \_\_\_\_\_

TB Treatment Date: \_\_\_\_\_ Result: \_\_\_\_\_

Date: \_\_\_\_\_ Result: \_\_\_\_\_

### **MEDICAL HISTORY**

Family Health History	
Father	
Mother	
Siblings	

\*\*\*\*Please complete important health information on reverse side...

Give approximate dates of any of the following diseases that your child has experienced:

Ameobic Dysentery	Malaria	Typhoid Fever
Bacillary Dysentery	Measles	Diphtheria
Chicken pox	Meningitis	Diabetes
Cholera	Mononucleosis	Bleeding Disorders
Dengue Fever	Mumps	Other
Pneumonia	Hepatitis	Other
German Measles	Rheumatic Fever	Asthma
Epilepsy	Scarlet Fever	
Surgeries	Tuberculosis	Learning Disabilities

**Does your child have any of the following health conditions?**

- No**  **Yes**    allergy to food, what food? \_\_\_\_\_
- No**  **Yes**    allergy to bees? \_\_\_\_\_
- No**  **Yes**    allergy to peanuts? \_\_\_\_\_
- No**  **Yes**    allergy to medication or others, please specify \_\_\_\_\_

**Medication at school:** FIA requires written permission from the parent/guardian before any medication (prescription or over the counter) can be given at school.

- No**  **Yes**    Daily medicine at school
- No**  **Yes**    "As needed" medicine at school (i.e. paracetamol, ibuprofen, omeprazole, loperamide, cetirizine)

**Name of Medications:** \_\_\_\_\_

**Does your child have any other conditions that would affect his/her classroom performance or P.E. activities?**

- No**  **Yes**    Glasses \_\_\_\_\_
- No**  **Yes**    Hearing aides \_\_\_\_\_
- Others \_\_\_\_\_

**Is your child currently under regular medical care for:**  **No**  **Yes.** If yes, please explain.  
(Include name of physician)

\_\_\_\_\_

**Is your child taking any medications on a regular basis?**  **No**  **Yes.** If yes, what?

\_\_\_\_\_

**Has your child ever had a head injury requiring medical or surgical treatment?**  **No**  **Yes.** If yes, please give date, details, and treatment:

\_\_\_\_\_

**Is there anything else we need to know about your child that may affect them while at school?**

\_\_\_\_\_