

Livingstone Adventist Academy  
5771 Fruitland Rd NE  
Salem, OR 97317

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Student Medical Record

Student's Name \_\_\_\_\_ Grade \_\_\_\_ Birthday \_\_\_\_\_ Sex: M F

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**Parent's Evaluation of Student's Health**

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1. Does your student have a physical handicap?  YES  NO  
If yes, please state nature of condition: \_\_\_\_\_
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2. Has your student ever had an operation?  YES  NO  
If yes, please state nature of operation and date performed: \_\_\_\_\_
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3. Has your student ever had a severe injury?  YES  NO  
If yes, please explain and give date of injury. \_\_\_\_\_
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4. Does your child have any of the following?  
 ADD / ADHD  
 Asthma *Please circle applicable triggers:* Animal Dander Dust/Dust Mites Exercise Induced Mold  
 Bladder / Bowel Disorder  
 Blood Disorder  
 Brain Injury  
 Diabetes *Please circle:* Type 1 Type 2  
 Ear / Eye Disorder  
 Heart Problem  
 Seizure Disorder  
 Severe Allergy with Epinephrine prescribed *Please specify allergen:* \_\_\_\_\_  
 Suppressed Immune System  
 Other health problems *Please specify:* \_\_\_\_\_
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5. Is your student presently under a doctor's care for a particular illness?  YES  NO  
If yes, please state nature of illness: \_\_\_\_\_
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6. Is he/she taking medication?  YES  NO Note:  
If yes, should he/she take medication at school?  YES  NO An additional form must be completed  
Please state nature of illness and name of medication: \_\_\_\_\_ for all medications taken at school.
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7. Is your student able to participate in full activity at school?  YES  NO  
If no, please explain: \_\_\_\_\_
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8. Has your student been hospitalized recently?  YES  NO If yes, what year? \_\_\_\_\_
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**Signature of Parent or Legal  
Guardian** \_\_\_\_\_