New Vision International School
A Ministry of NVIS International Ministries, Inc.

VIII. MEDICAL INFORMATION AND HISTORY RECORD

Student's Name: _____
Last Name First Name Middle Name

Student's Physician: _____ Physician's Phone No.: _____

If student became ill or injured who should we contact? ☐ Mother ☐ Father ☐ Both

Please check all that apply –

Four or more colds yearly	☐	Fainting spells	☐	Hearing difficulties	☐		
Poor vision	☐	Frequent urination	☐	Shortness of breath	☐		
Dizziness	☐	Persistent cough	☐	Ringworm	☐		
Frequent sties	☐	Speech difficulty	☐	Nose bleeding	☐		
Dental defects	☐	Hyperactive	☐	Growing pains	☐		
Frequent head lice	☐	Asthma	☐	Seizures	☐		
ADD	☐	ADHA	☐				

Feel free to explain any of the above conditions: _____

_____

_____

_____

Does your child have a disability due to a disease or accident? ☐ Yes ☐ No If yes, please explain: _____

_____

_____

Has your child ever sprained /strained, dislocated, fractured, broken or had repeated swelling or other injuries of any bones or joints?

Head	☐	Elbow	☐	Neck	☐	Thigh	☐	Knee	☐
Chest	☐	Finger	☐	Shoulder	☐	Hip	☐	Foot	☐
Back	☐	Wrist	☐	Hand	☐	Shin	☐	Ankle	☐

Explain "Yes" answers: _____

_____

_____

_____

_____

_____

_____ _____ _____ _____
Parent Signature Date Principal's Signature Date