Print Fom

ELITE Tutoring Academy

Student Health Record

Student name: _____

Student Birth Date: _____

Does the student have any of the following conditions/illnesses? Check any that apply.

- ☐ Asthma
- ☐ Bladder Problems
- ☐ Cancer
- ☐ Diabetes
- ☐ Eating Problems
- ☐ Head Injury
- ☐ Hepatitis
- ☐ Mononucleosis
- ☐ Skin Rashes
- ☐ Nose Bleeds
- ☐ Strep Infections
- ☐ Bone or Joint Problems
- ☐ Neuromuscular Disease
- ☐ Bowel Problems
- ☐ Chest Pains
- ☐ Dental Problems
- ☐ Epilepsy/Seizure Epilepsia
- ☐ Heart Condition
- ☐ Lyme Disease
- ☐ Sleeping Problems
- ☐ Other? Please explain. _____

Allergies

- ☐ Bee Stings
- ☐ Food: _____
- ☐ Medications: _____
- ☐ Other: _____