

**Leaping Learners  
37 Patillo Rd  
Stockbridge, GA 30281**

**Health History**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Last Physical Examination: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medicine Allergies: \_\_\_\_\_

Illness : ( Please Circle )  
Does your child have any problems with any of these?

- Constipation
- Lice
- Convulsions
- Ringworm
- Diarrhea
- Skin Rash
- Fainting Spells
- Soiling
- Frequent Colds
- Stomach Upsets
- Frequent Ear Infections
- Urinary Problems
- Frequent Sore Throats
- Worms

Has your child had any of these diseases?

- Asthma
- Bronchitis
- Chicken Pox
- Diabetes
- Heart Disease
- Hepatitis
- Impetigo
- Measles
- Mumps
- German Measles
- Polio
- Scarlet Fever
- Tuberculosis
- Whooping Cough

Other ILLNESS? (besides above)

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Has your child been hospitalized? (explain)

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Has your child had INJURIES with fractures or loss of consciousness? (explain)

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Any other members of your family with SERIOUS ILLNESS recently?

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Any other members of your family with history of

ASTHMA \_\_\_\_\_ DIABETES \_\_\_\_\_ EPILEPSY \_\_\_\_\_

Physican's Signature \_\_\_\_\_ Date \_\_\_\_\_